A STATE MEDICAID CONTRACTOR

TDHconnect 3.0

Workbook for Acute Care Providers

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1 *TDHconnect 3.0* Overview

With *TDHconnect 3.0* you can:

- Administer billing for Family Planning, Long Term Care, Medicaid, and CSHCN (CIDC) clients (see HIPAA table)

HIPAA Compliant Transaction Types	
Eligibility Request	270
Eligibility Response	271
Claim Status Inquiry	276
Claim Status Inquiry Response	277
ER&S Report	835
Dental Claims	837D
Institutional Claims	837I
Professional Claims	837P

- Support the submission of Blue Cross and Medicare claims
- Access the same database simultaneously — up to ten concurrent users per database

IMPORTANT

- Basic knowledge of Windows® operating systems is required to use TDHconnect 3.0.
- Providers in rotary dial areas cannot use TDHconnect 3.0.
- TDHconnect 3.0 works with a standard telephone line or the slower port (one that a telephone could connect to) of a DSL connection. TDHconnect 3.0 does not work with T1 or cable modem transmission lines.
- See section 9, Opening and Logging on to TDHconnect 3.0, on page 25 for basic information on how to log on after installing TDHconnect 3.0 software.

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NOTES

2 *TDHconnect 3.0* Hardware and Software Requirements

IMPORTANT
Verify that your system meets the minimum requirements before attempting to install the TDHconnect 3.0 software.

The table below gives the minimum and recommended hardware configurations for running *TDHconnect 3.0* software.

- To run *TDHconnect 3.0*, your computer system must meet the minimum requirements. *TDHconnect 3.0* is not supported on non-Windows operating systems, or on systems not meeting the minimum requirements.
- For improved performance, your system should meet or exceed the recommended requirements.

HARDWARE	
Minimum	**RECOMMENDED**
PC with a Pentium II class processor	PC with a Pentium II class processor, 400 MHz or faster
128MB of RAM	128MB of RAM
100MB hard disk space for installation, plus 3 times the size of the database	100MB hard disk space for installation, plus 3 times the size of the database
CD-ROM drive for installation	CD-ROM drive for installation
800 x 600 VGA (monitor resolution), 256 colors	800 x 600 VGA (monitor resolution), 256 colors
9600 bps modem	28800 (28.8K) bps or faster modem

SOFTWARE	
Minimum	**RECOMMENDED**
Microsoft® Windows® 95 or more recent operating system, or Microsoft® Windows® NT 4.0 with Service Pack 5	Microsoft® Windows® 95 or more recent operating system, or Microsoft® Windows® NT 4.0 with Service Pack 5
Adobe® Acrobat® Reader® 4.0 (Acrobat Reader 4.05 is included on the *TDHconnect 3.0* installation CD-ROM)	Adobe Acrobat Reader 4.05 (included on the *TDHconnect 3.0* installation CD-ROM)
Microsoft® Internet Explorer (I.E.) version 4.01 with Service Pack 2 or later. (Microsoft Internet Explorer 5.0 is included on the *TDHconnect 3.0* installation CD-ROM.)	Microsoft Internet Explorer (I.E.) version 5.0 (included on the *TDHconnect 3.0* installation CD ROM.)

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3 Obtaining Support

This section explains how to get assistance from TMHP with technical issues, training, and claims questions. This section also shows how to access additional resources on the TMHP website.

3.1 Getting Technical Assistance

The TMHP Electronic Data Interchange (EDI) Help Desk provides technical assistance only with troubleshooting *TDHconnect 3.0* and TMHP EDI Gateway system problems. Contact your system administrator for assistance with modem, hardware, or phone line issues.

Note: Providers in rotary dial areas cannot use *TDHconnect 3.0.*

To reach the TMHP EDI Help Desk (available Monday through Friday, 7 a.m. to 7 p.m. Central Time), select one of the following methods:

- For **Medicaid**, **CSHCN** and **Family Planning** technical issues, call **888-863-3638**.
  In Austin, call **512-514-4150**.
- For **Long Term Care (LTC)** technical issues, call **800-626-4117**.
  In Austin, call 512-335-4729.
- Fax **512-514-4230** or **512-514-4228**.

3.2 Accessing Training Resources

The TMHP EDI Help Desk does NOT provide training. To obtain training, call your TMHP Provider Relations training specialist or attend one of the training workshops provided by TMHP Provider Relations.

Contact: To get contact information for your training specialist,
call the **TMHP Contact Center** at **800-925-9126**
or visit the **TMHP website** at www.tmhp.com.

For **CSHCN Customer Service**, call **800-568-2413**.

For **Long Term Care** Customer Service,
call the **TMHP LTC Help Desk** at **800-626-4117**.
In Austin dial **512-335-4729**.

For **Medicaid** and **Family Planning** information,
call the **TMHP Contact Center** at **800-925-9126**.

For **workshop** and **other information**, visit the **TMHP website** at www.tmhp.com.

TIP: For other Medicaid customer service numbers, refer to the Telephone and Addresses Guide in the current *Texas Medicaid Provider Procedures Manual*.

3.3 Getting Claims Assistance

For answers to questions about **Medicaid**, **Family Planning**, and **CSHCN** electronic or paper claims:

Contact: Call the **TMHP Contact Center** at **800-925-9126**.

For links to **Frequently Asked Questions (FAQs)** and **Medicaid workshop schedules**, visit the **TMHP website** at www.tmhp.com.

For answers to questions about **Long Term Care** electronic or paper claims:
Call the **TMHP LTC Help Desk** at **800-626-4117**.
In Austin, call **335-4729**.

For links to the **LTC home page**, visit the **TMHP website** at www.tmhp.com

TIP: For other useful numbers, refer to the Telephone and Addresses Guide in the current *Texas Medicaid Provider Procedures Manual*.

4 Accessing Documentation

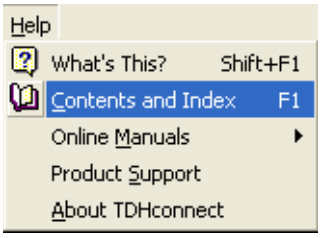
4.1 Using *TDHconnect 3.0* Online Help

Important: Internet Explorer 4.01 Service Pack 2 or higher must be installed on your computer to run *TDHconnect 3.0* help.

TDHconnect 3.0 contains an online help file that is available after the *TDHconnect 3.0* software is installed. The help topics provide instructions for using *TDHconnect 3.0*.

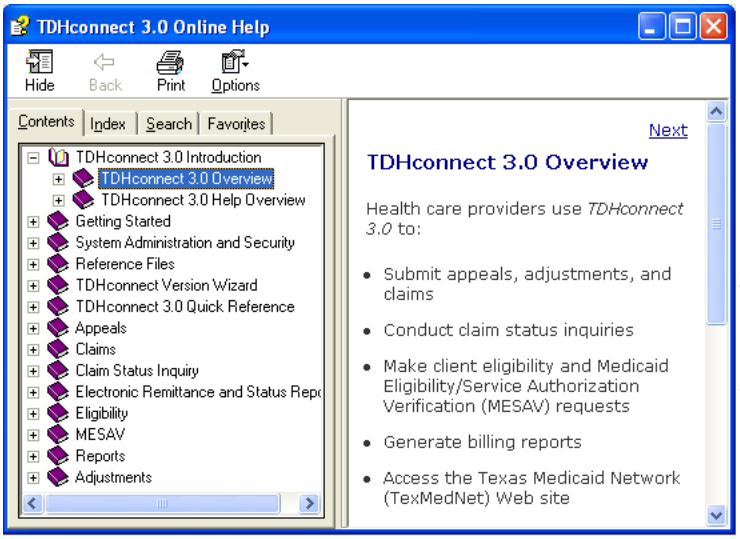
4.1.1 Opening the *TDHconnect 3.0* Online Help File

There are three ways to open the *TDHconnect 3.0* Online Help file:



1. Click **Help→Contents and Index** on the *TDHconnect 3.0* menu bar.
2. Click the help book icon on the *TDHconnect 3.0* tool bar.
3. Press **<F1>** to open related help topics related to the *TDHconnect 3.0* active window.

4.1.2 Using the *TDHconnect 3.0* Online Help File



1. **Contents**, **Index**, **Search**, and **Favorites** tabs on the left side of the window provide access to help topics, and the right side contains the selected help information and instructional steps.
2. The **Contents** tab contains a multi-tiered list of help topics in *TDHconnect 3.0* help.
3. The Index tab contains an alphabetized index for *TDHconnect 3.0* help.
4. The **Search** tab works like most Internet search engines. Enter the word or words to find in the **Type in the keyword to find** field and click **List Topics**. The help system lists the help topics that contain the keyword(s) you entered.
5. The **Favorites** tab allows you to bookmark the address of a help topic you use frequently. Open the help topic and select the **Add in the Favorites** tab to add a link to the current topic on the tab.

4.2 The *TDHconnect 3.0 Quick Start Guide*

In addition to the instructions contained in this manual, the installation and setup instructions are also contained in the *TDHconnect 3.0 Quick Start Guide*. A printed copy of the *TDHconnect 3.0 Quick Start Guide* is sent with the software.

An electronic version of the *TDHconnect 3.0 Quick Start Guide* is also available inside *TDHconnect 3.0* after installation. Select **Help→Online Manuals→Quick Start Guide** on the *TDHconnect 3.0* menu bar. Acrobat Reader opens and displays the *TDHconnect 3.0 Quick Start Guide*.

Important: Adobe Acrobat Reader 4.01 with Service Pack 2 or higher is required to open, view, and print the electronic version of the *TDHconnect 3.0 Quick Start Guide*.

4.3 The *TDHconnect 3.0 User Manual*

An electronic version of the *TDHconnect 3.0 User Manual* is available inside *TDHconnect 3.0* after installation. Click **Help→Online Manuals→User Manual** on the *TDHconnect 3.0* menu bar. Acrobat Reader opens and displays the *TDHconnect 3.0 User Manual*.

To print the *TDHconnect 3.0 User Manual*, select **File→Print** on the Acrobat Reader menu bar, select the printer and printer settings, and click **OK**.

Important: Adobe Acrobat Reader 4.01 with Service Pack 2 or higher is required to open, view, and print the electronic version of the *TDHconnect 3.0 User Manual*.

5 Accessing the TMHP Website

The TMHP website is a valuable resource for obtaining information such as bulletins, banner pages, the Provider Manual(s), and *TDHconnect 3.0* updates, and provides e–mail and chat features that allow you to contact TMHP representatives for assistance.

All enrolled providers are given account to access the TMHP website, but you must activate your account and select a password to gain access to many of the advanced features of the TMHP website such as:

- Forums
- Polls and Questionnaires
- Claim Status Inquiry (Acute Care providers only)
- Eligibility Verification (Acute Care providers only)

5.1 Activating an Account on the TMHP Website

1. Have the following information ready:

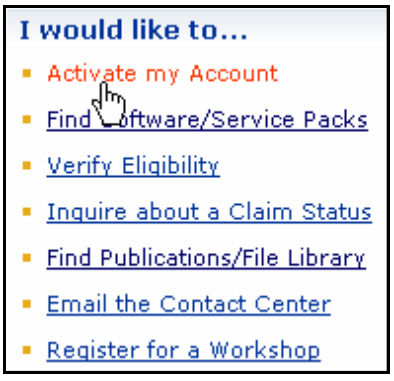
Acute Care Providers

- 9-digit Texas Provider Identifier (TPI)
- TMHP EDI Submitter ID
- Tax ID (EIN)
- Social Security Number
- Medical License Number

Long Term Care Providers

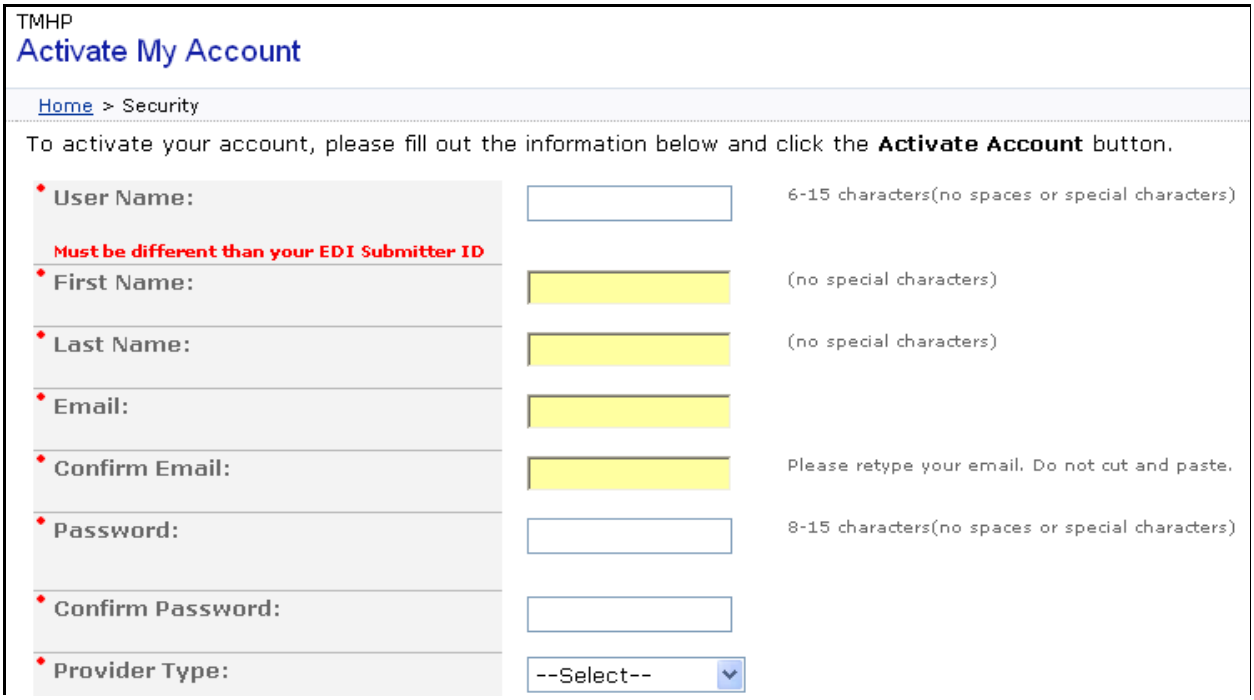
- 9-digit Provider Number
- TMHP EDI Submitter ID
- Zip Code

2. Access the TMHP web site at www.tmhp.com. The **TMHP Home** page opens.

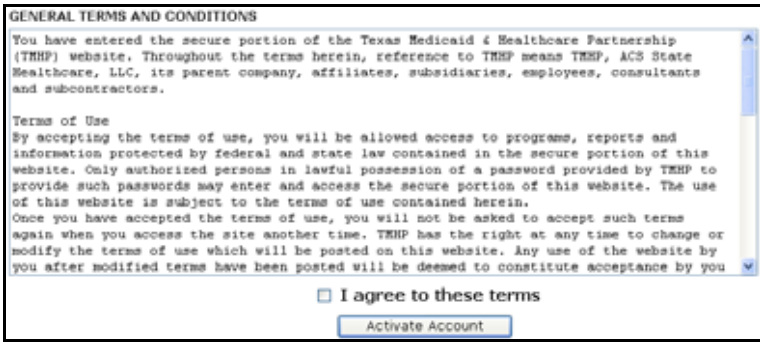


3. Click the Activate my Account link in the **I would like to…** section. The **TMHP Activate Acc**ount web page opens.
4. Scroll down to:

5. Click the Activate My Account Now link. The **Activate My Account** web page opens.



6. Complete the following fields (all fields must be completed, as indicated by the red • dot).
   - Enter a **User Name** (6–15 alphanumeric characters; do not use your EDI Submitter ID)
   - Enter a **First Name**
   - Enter a **Last Name**
   - Enter an **E–mail** address
   - Reenter to **Confirm E–mail** address
   - Enter a **Password** (8-15 characters alphanumeric)
   - Reenter to **Confirm Password**
   - Select **Provider Type** (Acute Care or Long Term Care)
7. Scroll down to the **General Terms and Conditions**.


GENERAL TERMS AND CONDITIONS
You have entered the secure portion of the Texas Medicaid & Healthcare Partnership (TMHP) website. Throughout the terms herein, reference to TMHP means TMHP, ACS State Healthcare, LLC, its parent company, affiliates, subsidiaries, employees, consultants and subcontractors.
Terms of Use
By accepting the terms of use, you will be allowed access to programs, reports and information protected by federal and state law contained in the secure portion of this website. Only authorized persons in lawful possession of a password provided by TMHP to provide such passwords may enter and access the secure portion of this website. The use of this website is subject to the terms of use contained herein.
Once you have accepted the terms of use, you will not be asked to accept such terms again when you access the site another time. TMHP has the right at any time to change or modify the terms of use which will be posted on this website. Any use of the website by you after modified terms have been posted will be deemed to constitute acceptance by you
I agree to these terms
Activate Account

8. Read the **GENERAL TERMS AND CONDITIONS**. Use the scroll bar on the right side of the text box to scroll through the text.
9. After you have read and understood the General Terms and Conditions, select ☑ the check box next to **I agree to these terms**.

10. Click Activate Account. Your account is now activated.
11. An **Account Activation Confirmation** dialog opens to confirm that your User Name and Password have been sent to the e–mail address that was specified in your request.

12. Write down your User Name and Password and put it in a safe place.

Note: If you do not receive your User Name and Password within 24 hours, please contact the TMHP EDI Help Desk at 1-888-863-3638 for assistance.

5.2 Finding Information on the TMHP Website

5.2.1 Publications

Publications available online include the *Texas Medicaid Provider Procedures Manual* and bulletins.

1. Access the TMHP web site at www.tmhp.com. The **TMHP Home** page opens.
2. Click the Find Publications/File library link in the **I would like to…** section. The **TMHP File Library** web page opens.
3. Use the links on the **TMHP File Library** web page to locate specific publications.

5.2.2 File Libraries

The file libraries contain useful reference materials. Some of the libraries are:

03manual — Contains manuals such as the *Texas Medicaid Provider Procedures Manual*.

BNPG — Contains banner pages.

Bulletin — Contains bulletins.

Feesched — Contains fee schedules.

TDHUPDT — Contains Service Packs (software updates).

To access the file libraries at TMHP enter www.tmhp.com/file%20library/default.aspx into your web browser and select from the available library folders.

5.2.3 Banner Messages

To view Banner Messages from TMHP:

1. Access the TMHP website at www.tmhp.com. The TMHP Home page opens.
2. Click the Find Publications/File library link in the **I would like to…** section. The **TMHP File Library** web page opens.
3. Click the Banner Messages link. The **TMHP File Library** web page provides links to banner message files in date order.
4. Use these links to select the banner messages to view.
5. To print a banner message file, select **File→Print** on your browser's menu bar.

5.2.4 Reference Codes

Download reference codes using *TDHconnect 3.0*, or perform the following steps to download reference codes from the TMHP website:

Long Term Care

1. Access the TMHP web site at www.tmhp.com. The **TMHP Home** page opens.
2. Click the Providers link at the top of the page. The **Providers** web page opens.
3. Click the Long Term Care Programs link on the left side of the page. The Long Term Care Programs web page opens.
4. Scroll down to locate and click the LTC Reference Codes link. The **TMHP File Library** web page opens and provides links to reference code files available for download.
5. Click each file to download.

5.2.5 Other *TDHconnect 3.0* Resources Online

To learn more about how to transmit transactions and current *TDHconnect 3.0* issues, visit www.tmhp.com. Click the *Find Publications/File Library* link, then the *TDHconnect* link.

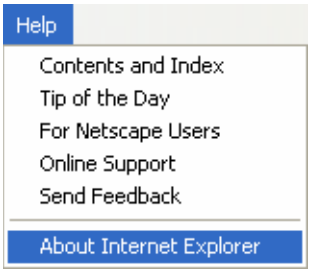
6 Installing *TDHconnect 3.0*

This section describes how to install the *TDHconnect 3.0* software. *TDHconnect 3.0* can be installed as a network application on a Local Area Network (LAN), or as a stand alone application on one or more independent computers.

6.1 Before Installing…

Important: Before installing *TDHconnect 3.0*, carefully read and follow the sequence of installation tasks listed below. If the installation sequence is interrupted *TDHconnect 3.0* does not install correctly.

1. Determine that the computer(s) meet the hardware and software requirements described in section 2, *TDHconnect 3.0 Hardware and Software Requirements*, on page 3.
2. Ensure that Internet Explorer (IE) 4.01 Service Pack (SP) 2 or more recent is installed. Internet Explorer 5.0 is included in the *TDHconnect 3.0* installation CD-ROM.



- To determine the version of Internet Explorer installed on your system, start Internet Explorer, click **Help** on the Internet Explorer toolbar, and select **About Internet Explorer**. The **About Internet Explorer** dialog opens.
- If Internet Explorer is NOT installed, use the *TDHconnect 3.0* CD-ROM to install Internet Explorer 5.0.

3. If an earlier version of Internet Explorer is installed, uninstall the earlier version and use the *TDHconnect 3.0* CD-ROM to install Internet Explorer 5.0.
   - To uninstall a program, open the Windows® **Start** menu (in the lower left corner of the screen) and click Settings → Control Panel. Double click Add/Remove Programs. In the Install/Uninstall tab, select the program to remove and click Add/Remove.
   - To install a program, open the Windows® **Start** menu (in the lower left corner of the screen) and click Settings → Control Panel. Double click Add/Remove Programs. In the Install/Uninstall tab click Install. Insert the CD-ROM containing the program to install and click Next.
4. If Acrobat Reader 3.0 is installed, it must be uninstalled. See the instructions above to uninstall a program or contact your system administrator for assistance. If you do not have a system administrator, please contact the appropriate technical assistance group.
5. Create and save an external backup of *TDHconnect* onto tape, CD-ROM, or a separate machine if available.

Important: You must save your data using TDHconnect 2.0 with Service Pack 7 prior to installing TDHconnect 3.0 and performing data conversion.

6. Purge old records from *TDHconnect* if this has not been done. Perform the following steps to purge records:

Note: See section 14.2.2, *Purge Tab*, on page 36 for more information.

- In ***TDHconnect Explorer***, double click System to expand the System menu, and double click Database Utilities.
- Select the Purge tab and select the program to purge.
- In the Age in days field, enter or select the number of days. Only records older than the number of days defined in this step are purged.
- Click Purge to purge the records for the selected programs.

7. Compress the database by double clicking System to expand the System menu and double clicking Database Utilities. The Database Utilities dialog opens. Select the Compress tab and select the program to purge.

Note: Only one database can be compressed at a time.

8. Click Compress. See section 14.2.1, *Compress Tab*, on page 36.

Important: Close all open applications and remove all media such as backup tapes, CD-ROMs, or removable disks before installing *TDHconnect 3.0*.

6.2 Installing *TDHconnect 3.0* on a LAN

This section describes the steps necessary to install *TDHconnect 3.0* on a LAN. A few things to keep in mind as you prepare to install:

- Administrator rights are required when installing to a network.
- The system administrator must install *TDHconnect 3.0* on each PC, and install the databases in a common LAN location.
- Since there is only one database (located on the server), only one Compass21 User ID and password is needed.
- The most current *TDHconnect 3.0* Service Pack must be installed on each PC that has an installed copy of *TDHconnect 3.0*.
- The system administrator must map the individual PCs to the database location on the LAN.
- Download the required authorizations and agreements forms (as needed) from www.tmhp.com or contact the TMHP EDI Help Desk to obtain these forms.
- Open the **TDHconnect 3.0 System Totals** window, and select Communications➔System Settings on the *TDHconnect 3.0* menu bar. Verify you have a Production User ID in the Compass21 and/or CMS User ID fields.
- *TDHconnect 3.0* does not support modem pools.

6.3 Installation Steps

Important: Administrator rights are required when installing *TDHconnect 3.0* in a Windows® network environment.

1. Close all open applications and remove all media such as backup tapes, CD-ROMs, or removable disks.
2. Select Settings→Control Panel on the Windows® **Start** menu. Double click Add/Remove Programs. In the Install/Uninstall tab, click Install.
3. Insert the installation CD-ROM into your CD-ROM drive. Click Next. Click Browse.
4. Select the location of your CD-ROM drive in the Look in field. Select Setup.exe in the list of files and click Open.
5. Click Finish. The *TDHconnect 3.0* installation window opens. Read the welcome screen, click Next, and Next again to confirm that you are about to install *TDHconnect 3.0*. The Choose Destination Location window opens.
6. Click Next to install the default installation location, or click Browse to select a new location.
7. Click Next in the Start Copying Files window. After installation completes, the Acrobat Reader 4.05 Setup window opens.

Note: If Acrobat Reader 4.05 or higher is already installed on your system, click Cancel, click Yes, and skip to step 11.

8. Click Next to install Acrobat Reader 4.05. The Choose Destination Location window opens.
9. Click Next to install to the default location, or click Browse to select a new location. A message opens: Copying program files…
10. After installation is complete, the Information dialog displays the following message: Thank you for choosing Acrobat Reader!
11. Click **OK** to close this dialog. A message opens: Do you wish to backup your databases? This will overwrite databases that are in the Backup folder.
    - Click Yes to back up the existing databases.
    - Click No to skip backing up the databases.
12. The Setup Complete window opens.
    - Select **Yes, I want to restart my computer now** to complete the installation now.
    - Select No, I will restart my computer later to complete the installation later.
    - Click Finish to close the window.

Note: The installation of *TDHconnect 3.0* is NOT complete until you have restarted your computer.

6.4 Setting the Dialing Properties in Windows®

Important: Before you can send requests and retrieve responses, you must also set the dialing properties and communications settings in *TDHconnect 3.0*.

Note: The procedure below does not apply to Windows 2000.

1. Open the Windows® **Start** menu and select Settings➔Control Panel.
2. Double click the Modems icon. If you have more than one modem installed or listed in the Modem Properties dialog, select the modem that was set up during *TDHconnect 3.0* installation.
3. On the Modem Properties dialog, click Dial Properties.
4. If you must dial a number to access an outside line, proceed to step 5. If not, skip to step 7.
5. Enter 9 in the To access outside lines for local calls dial field.

Note: Enter a number other than 9 if a different number is required by your service.

6. Enter 9 in the To access outside lines for long distance calls dial field.

Important: Enter a number other than 9 if a different number is required by your service.

7. Click Apply and click **OK** in the Dialing Properties window.
8. In the Modem Properties window, click Close. Exit the Control Panel window.

Note: Verify that your modem speed range is set between 9600 baud (minimum) and 28.8k baud (maximum). Modem speed settings outside of this range may result in transmission/reception errors.

6.5 Finishing the Installation

If *TDHconnect 3.0* is still running, exit the program. Restart your computer to ensure that the installation is complete and that all settings are correctly applied.

Important: After installation, download the most recent Service Pack (see next section) to obtain critical software updates. Check www.tmhp.com for the most recent Service Pack release.

Note: If other applications are added after installing *TDHconnect 3.0*, the system administrator (or appropriate technical assistance group) should test *TDHconnect 3.0* to ensure that the other applications did not disable *TDHconnect 3.0*.

7 Data Conversion

IMPORTANT
• If the data conversion process stalls or stops during processing and does not complete correctly, your old database could become corrupted or you may lose old data. • TMHP is not liable for any data lost during the conversion process. It is your responsibility to take the appropriate steps to back up and save your data before beginning the data conversion process.

The installation process automatically converts Eligibility, Claims, Claim Status Inquiry, and Electronic Remittance & Status (ER&S) reports data to *TDHconnect 3.0*. All Acute Care completed claims are converted with the status of Incomplete. As a result, you have to open all converted claims and save them. If the claim passes *TDHconnect 3.0* edits, the claim saves as *Complete*; however, the word “Complete” should not be confused with a claim being processed and finalized by TMHP. “Complete” in this context means that a completed claim is stored on your hard drive and is ready to submit to TMHP.

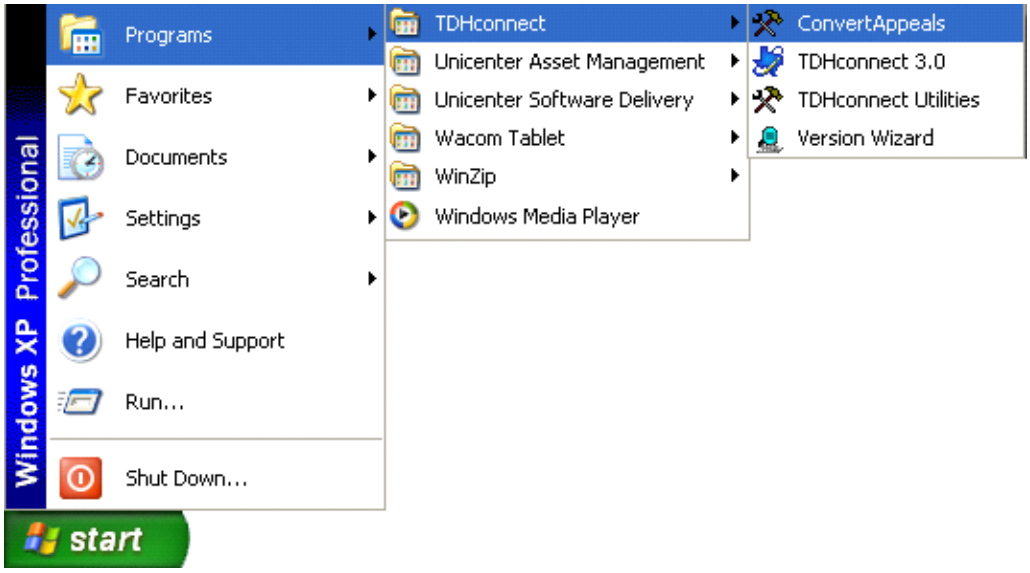
Note: **Providers who file eyeglass appeals**: If you convert data from *TDHconnect 2.0* to *TDHconnect 3.0,* any rejected eyeglass appeals that were stored in *TDHconnect 2.0* must be manually re-entered in *TDHconnect 3.0* before resubmitting the eyeglass appeal.

7.1 Converting Existing Appeals to *TDHconnect 3.0*

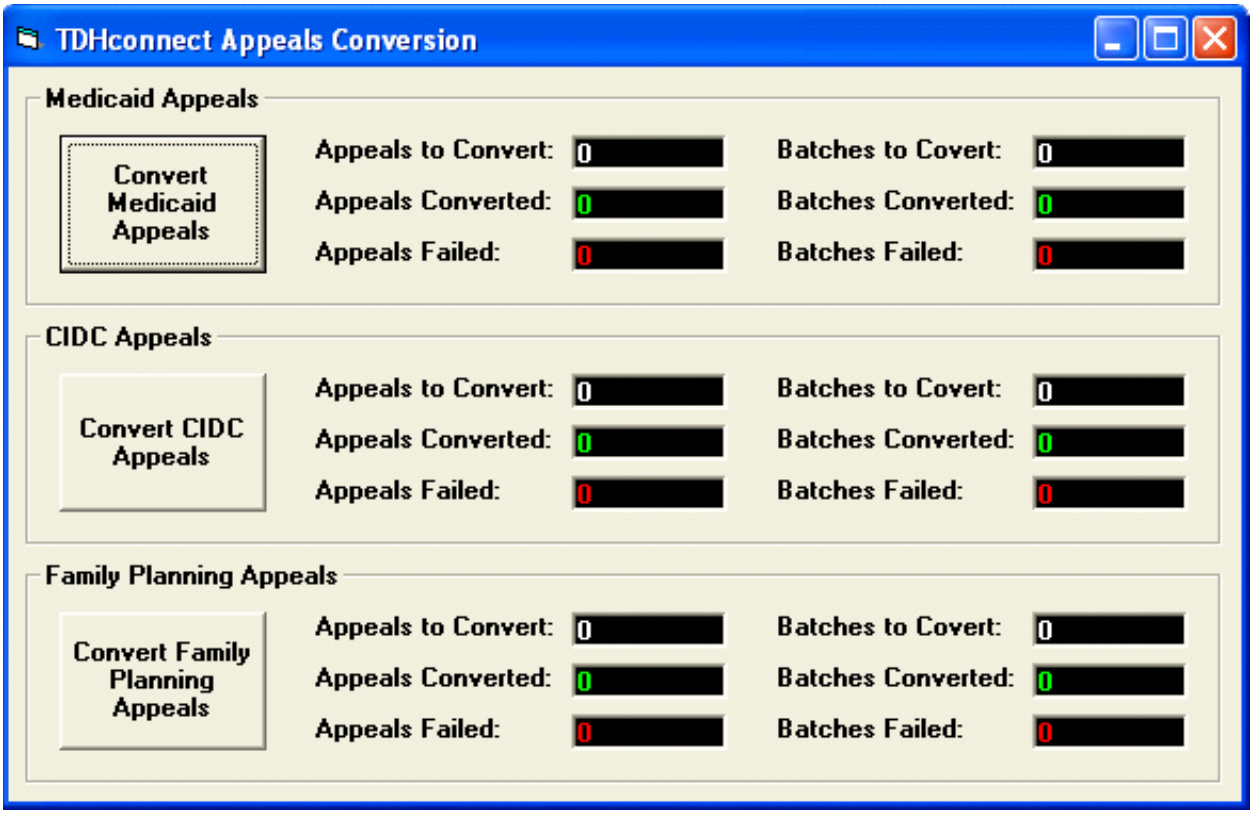
1. Back up and save your *TDHconnect 2.0* data prior to conversion.

Important: You must save your data using TDHconnect 2.0 with Service Pack 7 prior to installing TDHconnect 3.0 and performing data conversion.

2. Exit all versions of *TDHconnect*, including *TDHconnect 3.0.*
3. Open the Windows® **Start** menu and select **Programs→TDHconnect→ConvertAppeals**.



The **TDHconnect Appeals Conversion** window opens. Select the type of appeals to convert, such as **Convert Medicaid Appeals** for Medicaid appeals. The totals in the data fields change to reflect the conversion changes.



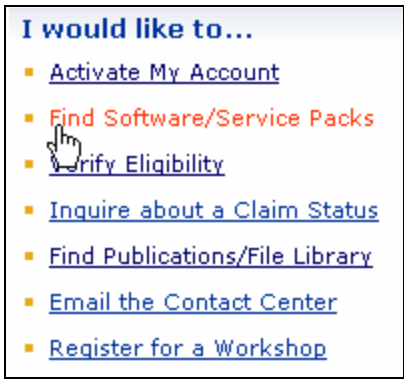
4. Select the type of appeals to convert, such as **Convert Medicaid Appeals**. The totals in the data fields change to reflect the conversion changes.

8 Updating *TDHconnect 3.0*

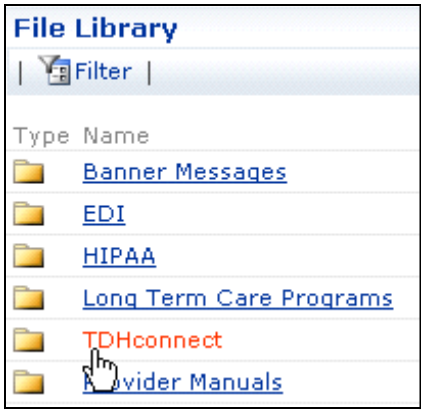
8.1 Downloading *TDHconnect 3.0* Service Packs

The easiest way to obtain Service Packs is to download them from the TMHP website. However, this method works only if you have an Internet connection via your ISP. This method may be slower than connecting to TMHP if you are using a dial-up connection.

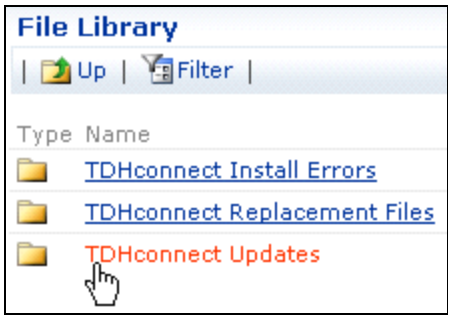
Perform the following steps to download a Service Pack from the TMHP website:



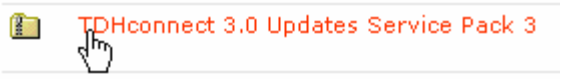
1. Connect to TMHP via the Internet (see section 5, *Accessing the TMHP Website*, on page 9. Verify that you are viewing the TMHP home page at www.tmhp.com.
2. Click the Find Software/Service Packs link in the **I would like to…** list on the right side of the home page. The **TMHP File Library** main page opens.
3. Scroll down to locate the File Library links.



4. Click the TDHconnect link. The **TMHP File Library/TDHconnect** web page opens.
5. Scroll down to locate the File Library links.



6. Click the TDHconnect Updates link. The **TMHP File Library/TDHconnect/TDHconnect Updates** web page opens.
7. Scroll down to locate the File Library links.
8. Select the most recent Service Pack:



The **File Download** dialog opens.

9. Click **Save**. The **Save As** dialog opens.
10. Save the file to the desktop.
11. After the download is complete, click **Close** and exit the TMHP website.

8.2 Installing a *TDHconnect 3.0* Service Pack

1. Double click the **TDHconnect 3.0 Updates Service Pack (number).zip** icon. This icon was added to the desktop during the file download.

TIP: The file can be moved to a location on a LAN to share with other *TDHconnect 3.0* users.

2. A dialog opens with the following message:

   This will install TDHconnect 3.0* Service Pack #*. Do you want to continue?

   Click **Yes** to install the *TDHconnect 3.0* Service Pack.
3. The **TDHconnect Service Update Installation Utility** window opens, and the ***TDHconnect 3.0*** Service Pack **wizard** opens.
4. Several informational messages open. Read each message and click **Next** to advance to the next screen.
5. A dialog opens with the following message:

   Do you wish to backup your databases? This will overwrite databases that are in the Backup folder.

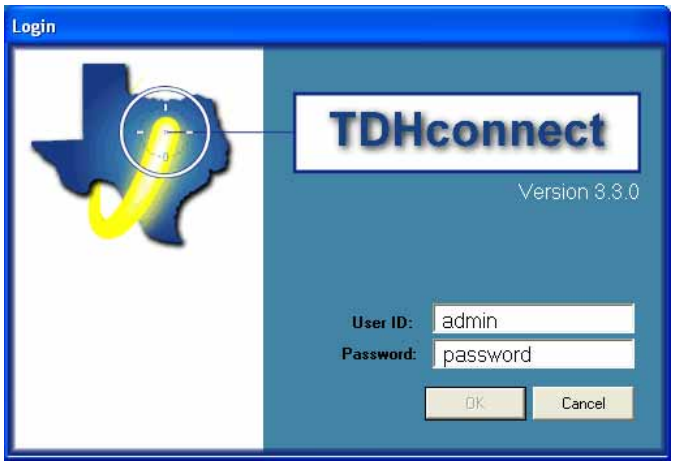
   - **Recommended:** Click **Yes** to backup your databases before installing any database updates.
   - Click **No** to continue with the installation without making backups.
6. Several additional informational messages open. This process may take several minutes as database updates are made.
7. Installation of the *TDHconnect 3.0* Service Pack is complete. To view the **readme** file, check the **View readme** check box and click **Finish**. The readme document opens.
8. Read the document, close it, uncheck the **View readme** check box, and click **Finish**.
9. When prompted to restart the computer, select **Yes, I want to restart my computer now** and click **Finish**.

Important: The next time *TDHconnect* is opened, the version of the Service Pack is listed along with the name *TDHconnect 3.0.*

9 Opening and Logging on to *TDHconnect 3.0*

Important: Each user must have a unique *TDHconnect 3.0* user ID and password. Additional user IDs can be created in *TDHconnect 3.0* using the security function.

1. Double click the ***TDHconnect 3.0*** icon on your desktop. The **TDHconnect Version 3.0 Login** dialog opens.



2. In the **User ID** field, enter `admin` in lowercase letters and press **<TAB>**.
3. In the **Password** field, enter `password` in lowercase letters. The password field is always case sensitive.
4. Click **OK**. *TDHconnect 3.0* starts.

Note: When logging on, the following error messages may be encountered:

- *admin is currently logged on to TDHconnect*
- *TDHconnect is already running. Please open Task Manager and End Task for the Shell and Hints tasks that are running.*

To resolve these errors, see the instructions in section 10, *TDHconnect 3.0 Log On Error Messages*, on page 23.

NOTES

10 *TDHconnect 3.0* Log On Error Messages

This section explains what to do when you receive the two most common error messages encountered while using *TDHconnect 3.0*.

Error Message: During login, the following message may open:
[username] is currently logged on to TDHconnect.

SOLUTION: Use *TDHconnect Utilities* to log off user. See section **10.1** below.

Error Message: If the *TDHconnect 3.0* icon is clicked more than once to start the program, the following message may open: **TDHconnect is already running.**

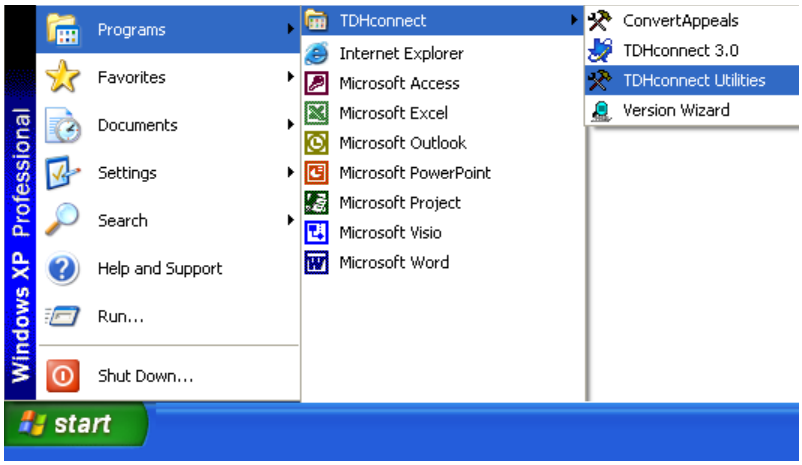
TIP: This error message commonly occurs following a system event or power failure that resulted in an involuntary shutdown while TDHconnect was running. To prevent this error, always try to log off TDHconnect before shutting down your computer

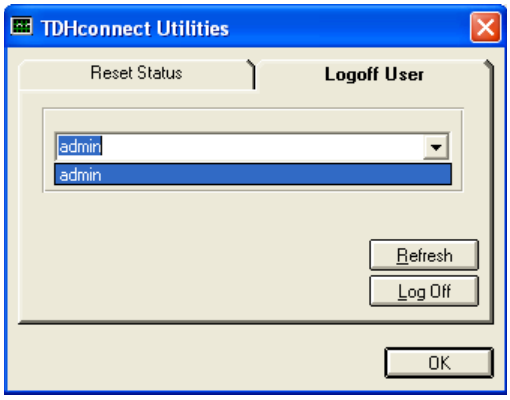
SOLUTION: Use the Windows® Task Manager to shut down *TDHconnect 3.0*. See section **10.2** on page 24.

10.1 Using *TDHconnect Utilities* to Log Off a User

1. Click **OK** in the error message dialog. The error message dialog closes.

Click **Start→Programs→TDHconnect→TDHconnect Utilities.**





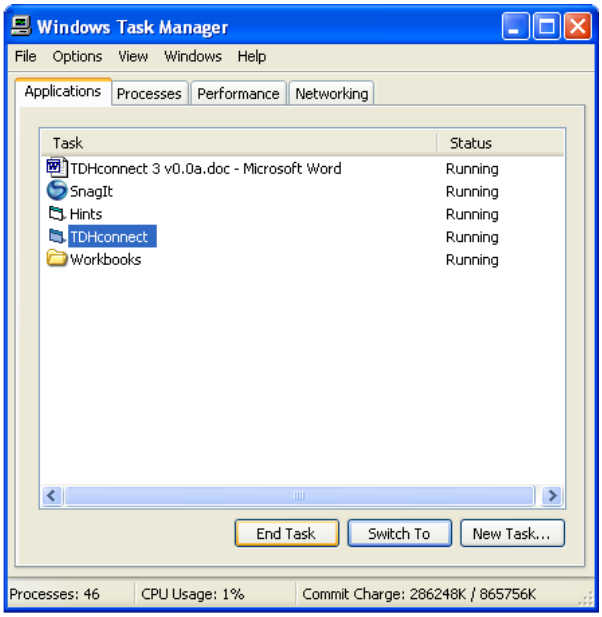
The *TDHconnect Utilities* program starts.

2. Select the **Logoff User** tab.
3. Select the **User ID** (in this case, *admin*) to log off.
4. Click **Log Off.**
5. Click **OK**.

10.2 Using the Windows® Task Manager to Shut Down *TDHconnect 3.0*

1. Click **OK** in the error message dialog. The error message dialog closes.
2. Press **<CTRL>** + **<ALT>** + **<Delete>** keys simultaneously to start the **Task Manager.**

Note: Different computers may offer different **Task Manager** options, such as **Task List** or an **Application** tab.



3. Select ***TDHconnect*** in the **Task Manager** dialog.
4. Click **End Task.** *TDHconnect 3.0* shuts down.
5. Restart *TDHconnect 3.0* and log in.

11 Keyboard Shortcuts & Function Keys

The following tables describe the keyboard shortcuts and function key actions available in *TDHconnect 3.0*.

Keyboard Shortcuts

Press	Action
<CTRL> + C	Copy selected text
<CTRL> + E	Focus on **Error** window
<CTRL> + D	**Delete** a record from the database
<CTRL> + O	**Open** a record from a list
<CTRL> + R	Focus on***TDHconnect Explorer***
<CTRL> + S	**Save** a request
<CTRL> + T	**Clear** all fields on this window
<CTRL> + V	**Paste** selected text
<CTRL> + W	Focus on **Workspace**
<CTRL> + X	**Cut** selected text
<ALT> + E	Open **Edit** menu
<ALT> + H	Open **Help** menu
<ALT> + N	Open **Navigation** menu
<ALT> + R	Open **Reports** menu
<ALT> + V	Open **View** menu
<Shift> + **<F1>**	Open **What's This?**

Function Keys

Press	Action
<F1>	Access the **Help** files for information about the current window.
<F2>	Access the **Local Reference Database** for the selected field. Place the cursor in the field and press **<F2>**.
<F3>	Copies a single cell. Place the cursor beneath the cell to copy and press **<F3>**.
<F4>	Copies the entire row. Place the cursor beneath the line to copy and press **<F4>**.
<F5>	Causes a window to **refresh** and display all data created simultaneously by multiple users of *TDHconnect 3.0*.
<F6>	Inserts a new row. Place the cursor on a row (the new line is added below this row) and press **<F6>**.
<F7>	Deletes a row. Place the cursor on the row to delete and press **<F7>**.

NOTES

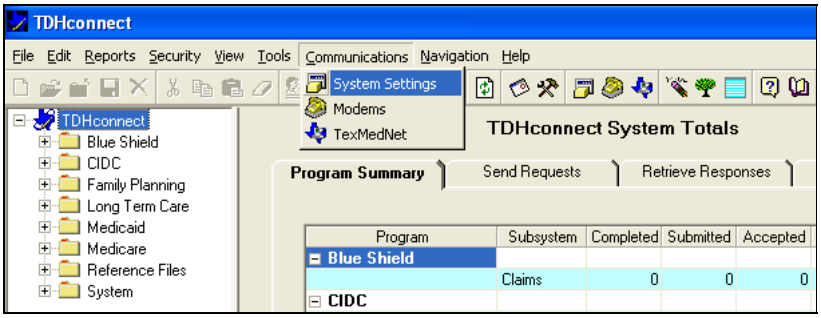
12 Setting Up Communications in *TDHconnect 3.0*

This section explains how to configure your computer's **System Settings** and **Modem Settings** to allow *TDHconnect 3.0* to communicate.

12.1 System Settings

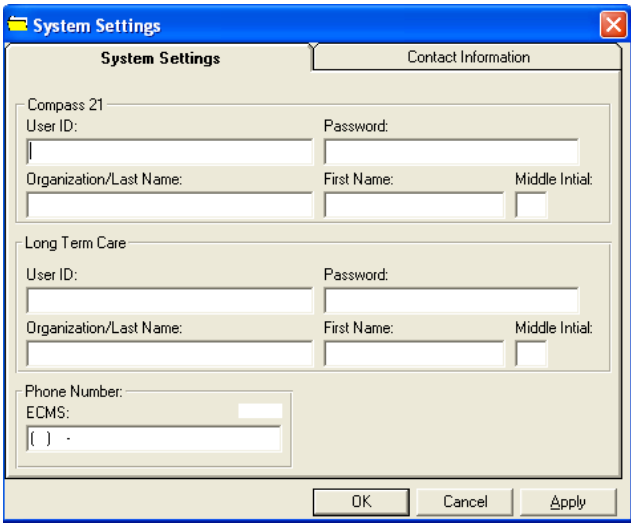
Important: If you do not already have a **Production User ID** and **Password,** contact the TMHP EDI Help Desk for assistance.

1. Log into *TDHconnect 3.0* if you are not already logged in. The **TDHconnect 3.0 System Totals** window opens in the workspace.



2. Select **Communications→System Settings** on the *TDHconnect 3.0* menu bar.

   The **System Settings** dialog opens.



3. Select the **System Settings** tab.

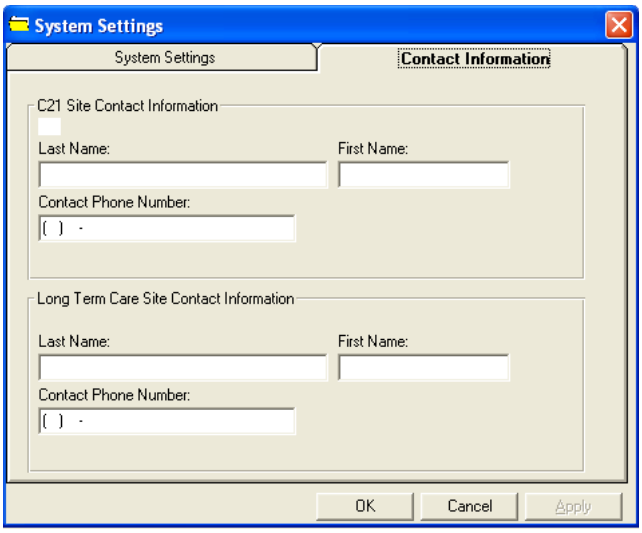
Note: If you do not have a **Compass21 User ID** or a **Long Term Care User ID**, leave those fields blank.

4. In the **Compass21** section, enter the following information:
   - The **User ID** (not the logon ID) that the TMHP EDI Help Desk issued, in lower case.
   - The **Password** that the TMHP EDI Help Desk issued, also in lower case.
   - The **Organization/Last Name**.

5. Enter your **User ID**, **Password**, and **Organization/Last Name** in the **Long Term Care** section (if applicable).
6. Enter `(866)627-0015` in the **ECMS** field in the **Phone Number** section.

Important: *TDHconnect 3.0* uses a single telephone number for all transmissions (batch and interactive).

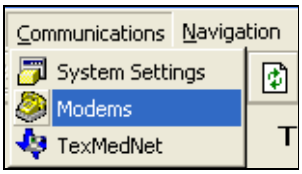
7. Select the **Contact Information** tab.



8. For each ID on the **System Settings** tab, enter the following information in the correct section (**C21 Site Contact Information** or **Long Term Care Site Contact Information**):
   - **Last Name**
   - **First Name**
   - **Contact Phone Number**
9. Click **Apply**.
10. Click **OK**.

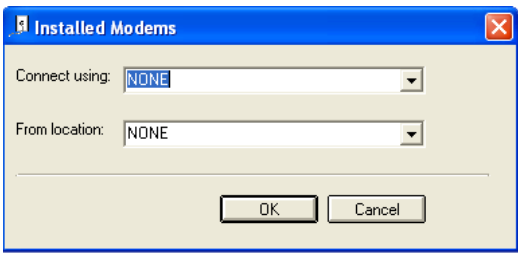
12.2 Modem Settings

1. Log into *TDHconnect 3.0* if you are not already logged in. The **TDHconnect 3.0 System Totals** window opens in the workspace.



2. Select **Communications→Modems** on the *TDHconnect 3.0* menu bar.

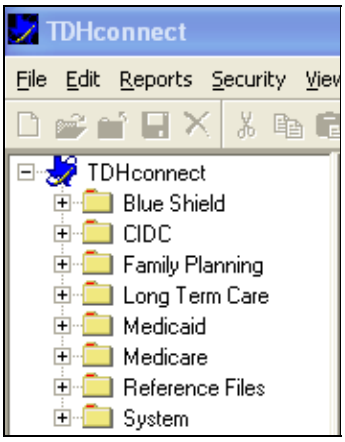
   The **Installed Modems** dialog opens.



3. Select the modem name in the **Connect using** selection menu.
4. Select the location (such as *new location*) in the **From location** selection menu.
5. Click **OK**.

13 Setting Up Reference Files in *TDHconnect 3.0*

The client and provider reference files are not required to file claims and appeals. However, they are recommended and can save time when filling out forms and can reduce input errors.



The tree view containing yellow folders on the left side of the **TDHconnect 3.0 System Totals** window is referred to as ***TDHconnect Explorer*.**

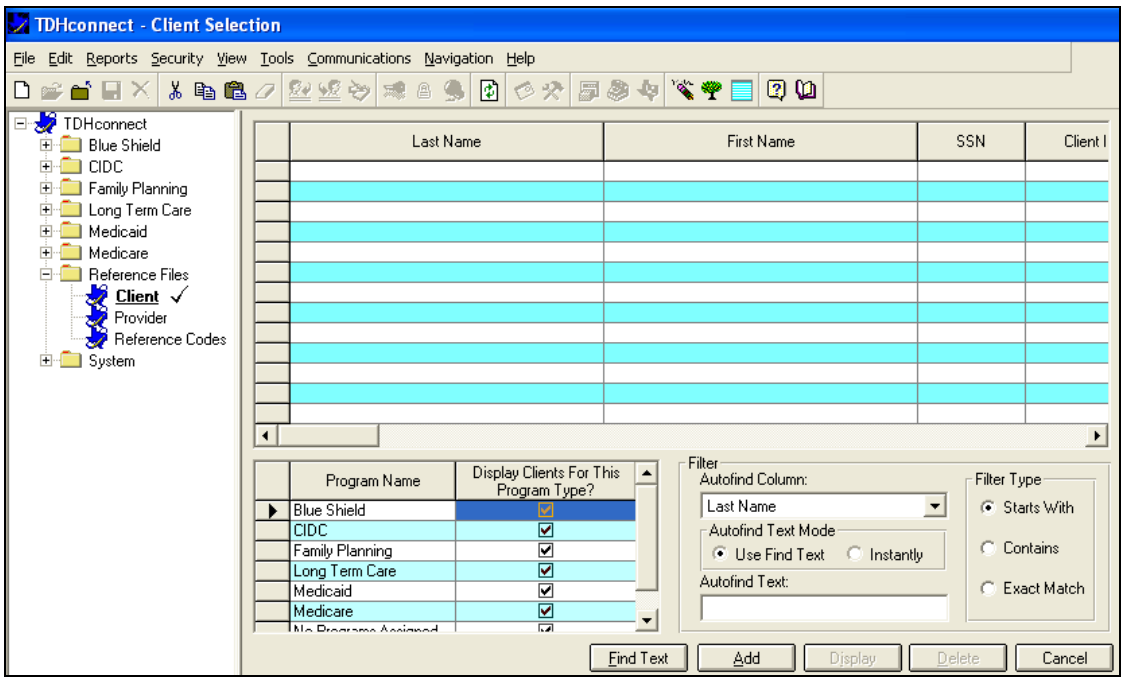
- Double click the file names to expand folders.
- Double click the file names again to collapse folders.

13.1 Adding Clients

This section describes the steps necessary to add client data.

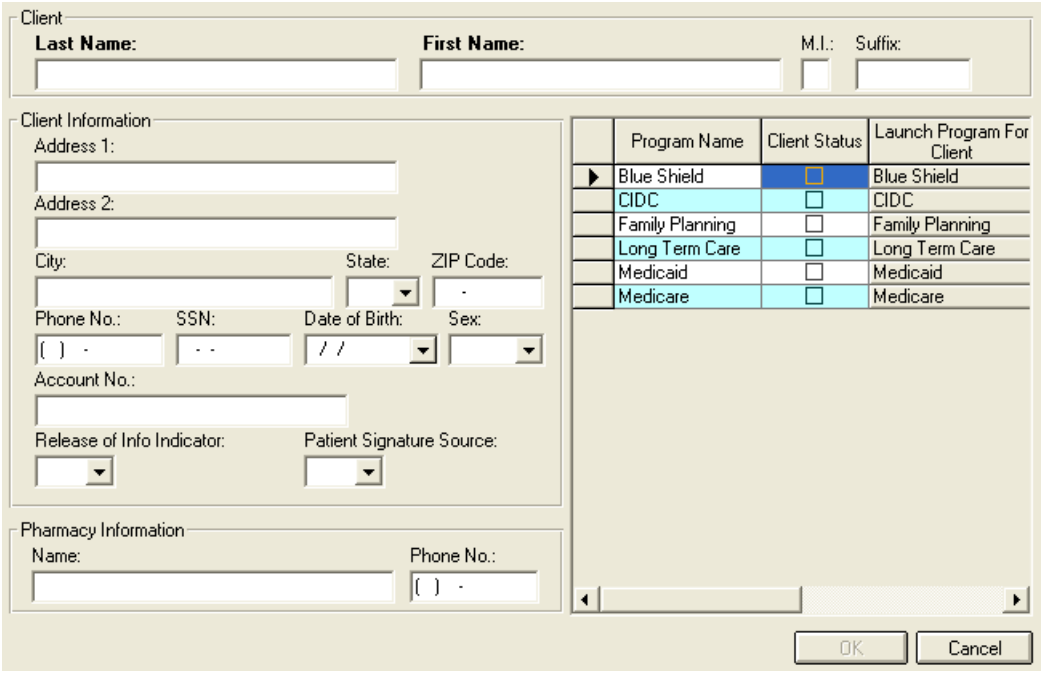
Note: New clients also can be added through Eligibility or MESAV responses.

1. Expand the **Reference Files** folder and double click **Client**. The **Client Selection** window opens in the workspace.



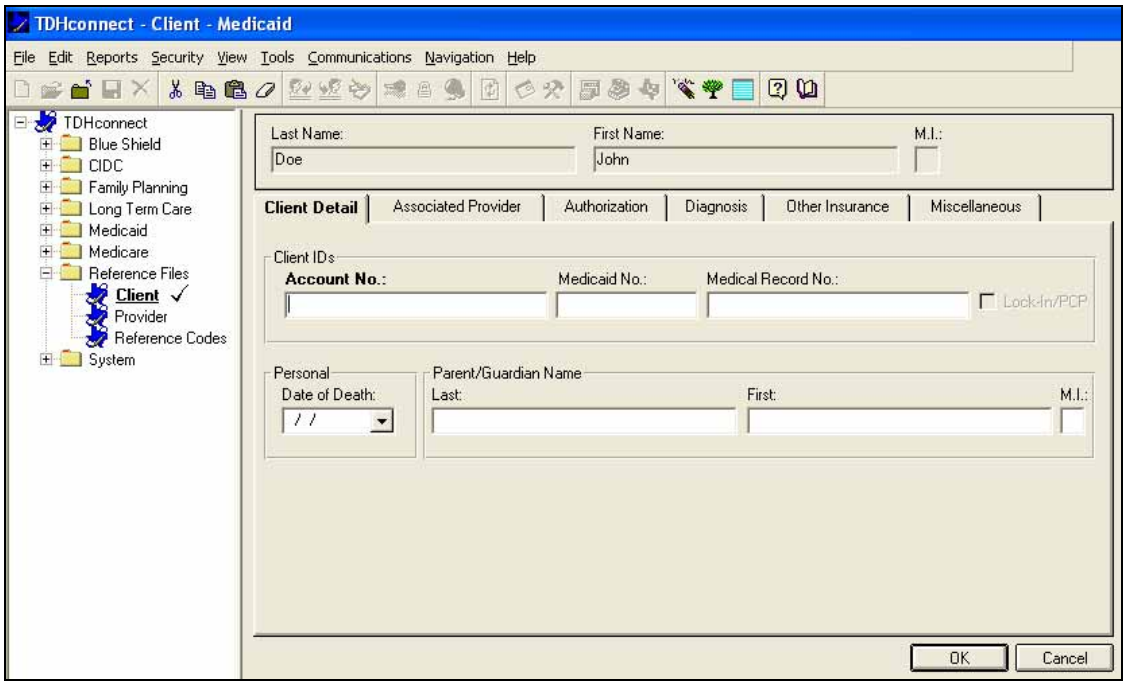
2. To add clients manually, click **Add**. The **Client Common Setup** window opens in the workspace.

Note: You must complete all fields with **bold headings** to successfully add a client.



3. Select the check box in the **Client Status** column next to the appropriate **Program Name**.

   Select the program in the **Launch Program for Client** menu (this example selected **Medicaid**). The tabs for a Medicaid client are **Client Detail**, **Associated Provider**, **Authorization**, **Diagnosis**, **Other Insurance**, and **Miscellaneous**.



TIP: A faster method to complete the fields in these tabs is to enter only the **Account No.** and the **Medicaid No.** at this time and use the **Eligibility request** to fill out the other fields. See section section 17, *Medicaid Eligibility*, on page 51 for more information about determining Medicaid eligibility.

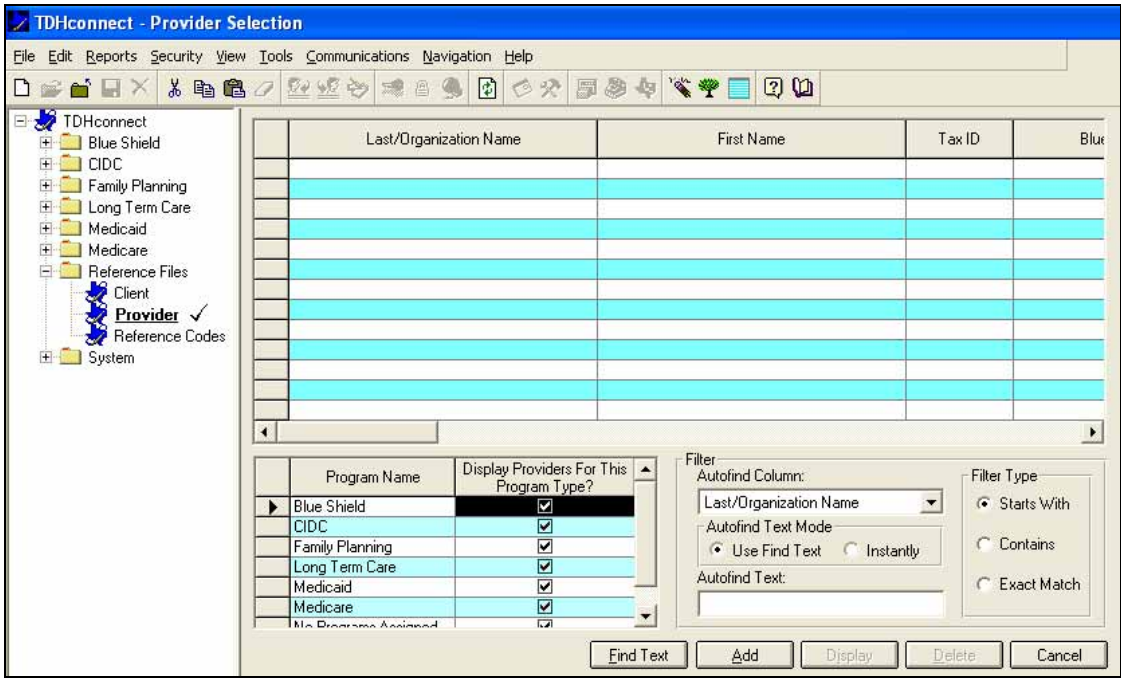
- **Account No.** is a 1–20 character alphanumeric field assigned by the provider (not TMHP) to track the client.
- **Medicaid No.** is the 9-digit client/Medicaid number.

4. After entering client data, click **OK**. The **Client Common Setup** window opens.
5. Enter another client or click **Cancel** to close.

13.2 Adding Providers

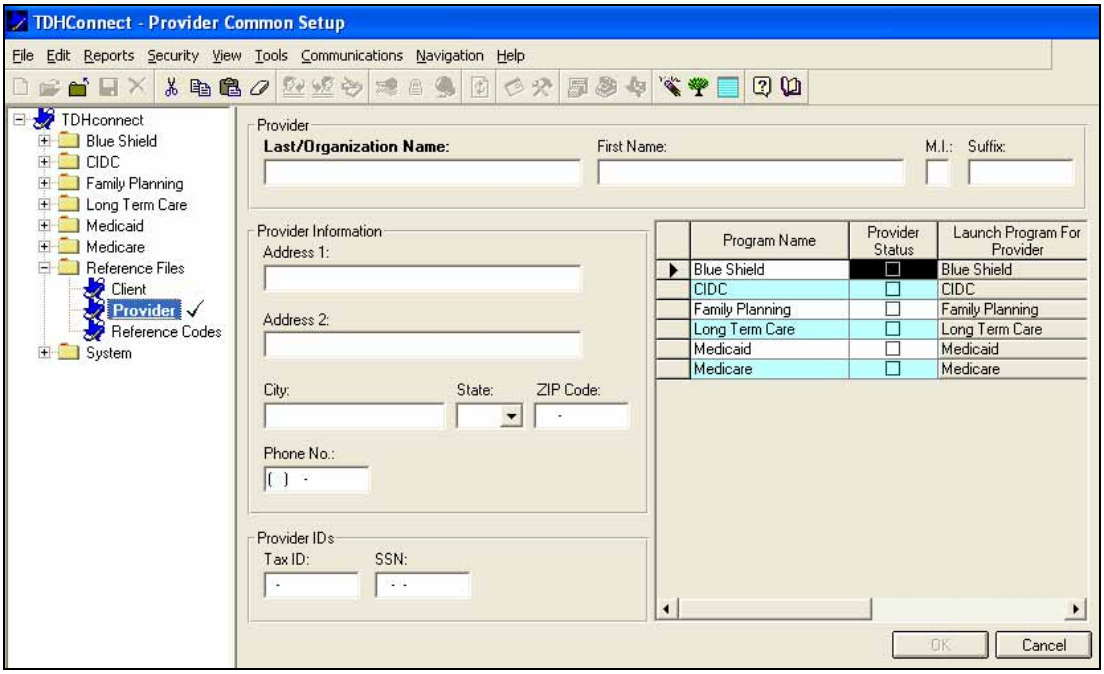
This section describes the steps necessary to add provider data.

1. Expand the **Reference Files** folder and double click **Provider**. The **Provider Selection** window opens in the workspace.

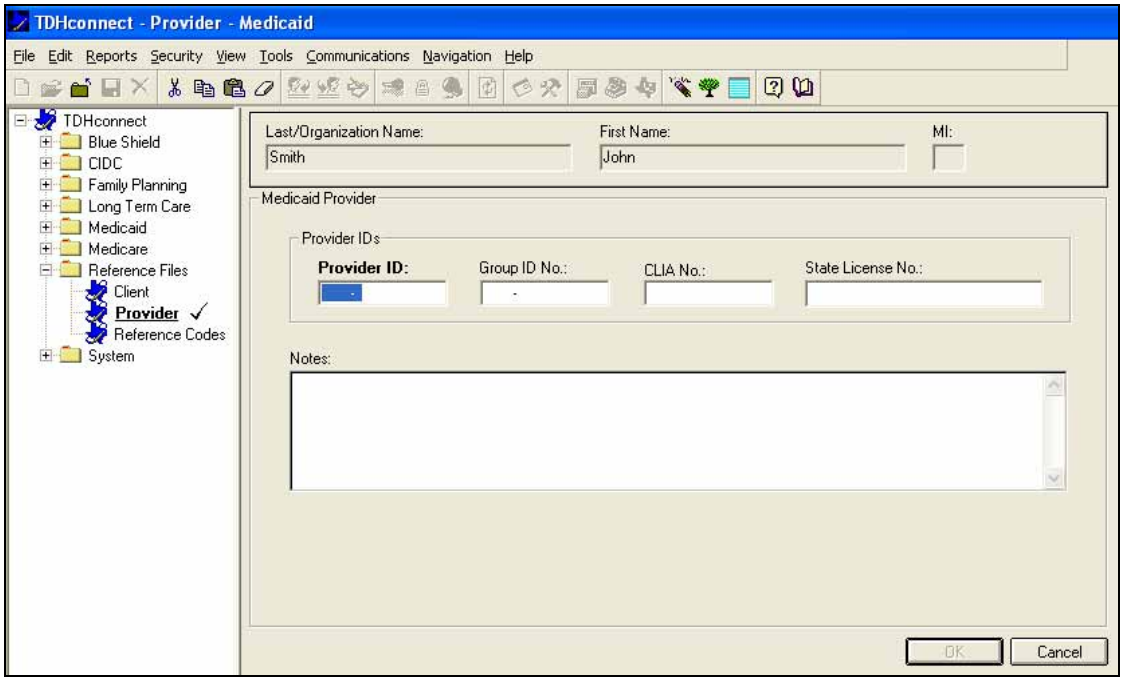


2. Click **Add**. The **Provider Common Setup** window opens in the workspace.

Note: Fields with bold headings must be completed to successfully add a provider.



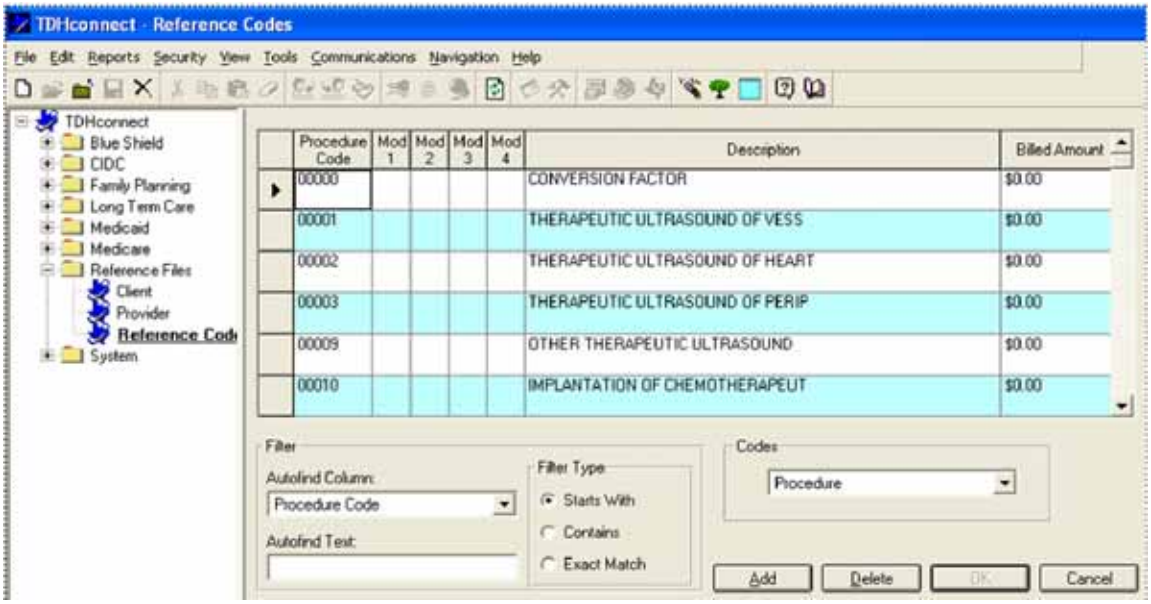
3. Select the check box in the **Provider Status** column next to the appropriate **Program Name**.
4. Select the program in the **Launch Program for Provider** menu (this example selected **Medicaid**). The tabs for a Medicaid client are **Client Detail**, **Associated Provider**, **Authorization**, **Diagnosis**, **Other Insurance**, and **Miscellaneous**.



5. Input the nine-digit **Texas Provider Number (TPI)** in the **Provider ID** field. This field is required to successfully add a provider.
6. Click **OK**.

13.3 Downloading Reference Codes

Double click **Reference Codes** to view the various codes (such as procedure codes, diagnostic codes, billing codes, and EOB codes) included in the *TDHconnect* software.



1. Use the **Filter** function to view more than the first 50 entries. The **Autofind Column** selection menu contains the code selected in the **Codes** window. Input a code in the **Autofind Text** field to list matching entries in the **Description** column in the **Codes** table above.
2. Scroll up or down in the Codes menu and select one of the following code types: **Procedure, Diagnosis, Edit/Audit, EOB, EOPS,** or **DRG.**
   LTC Providers: **LTC Procedure, LTC Service Group, LTC Service Code, LTC Billing, LTC Item, LTC EOB,** or **LTC Crosswalk**.
3. Press **<F2>** when the cursor is in a code field in claims or appeals to access codes that can be used to auto-populate forms.
4. Modifiers and billed amounts can be added to procedure codes and used later to auto-populate claim forms. To add modifiers or billed amounts to procedure codes, select the procedure code (using **Filter** if necessary to locate it), select the modifier field or billed amount field, and enter the data. Repeat for each modifier or billed amount to add.
5. Click **OK** when finished.
6. Click **Cancel** to exit.

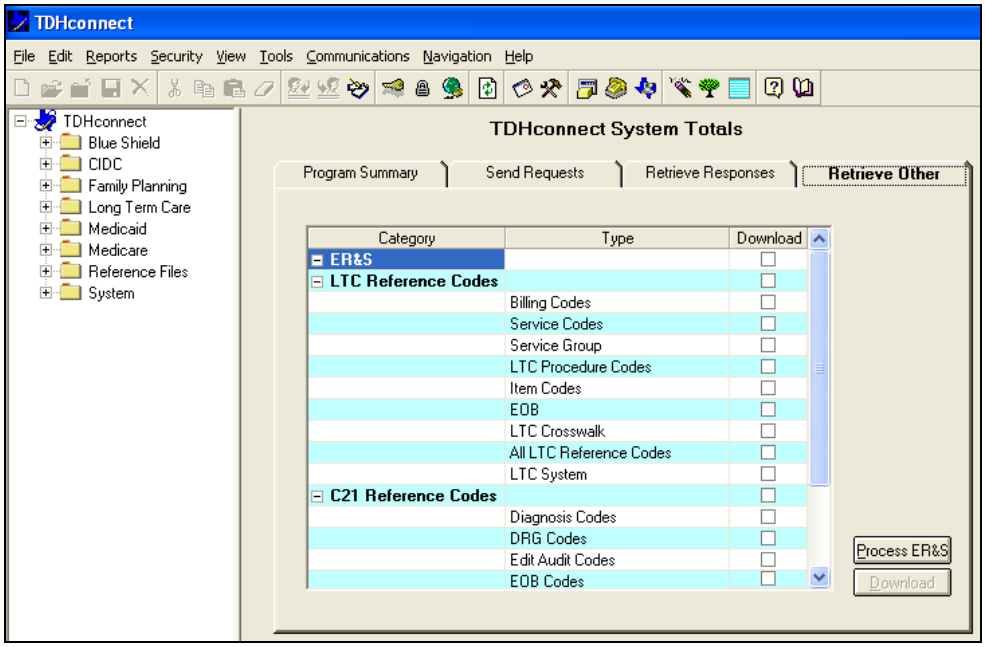
13.4 Downloading Updated Reference Codes (Retrieve Other)

Although *TDHconnect 3.0* includes built-in reference codes, these codes change and need to be periodically updated. This section describes the steps necessary to download the most recent codes to update the *TDHconnect 3.0* database.

Important: Compress the database (see section 14.2, *Database Utilities*, on page 35 for instructions) after downloading codes.

13.4.1 Downloading Compass21 (C21) Reference Codes

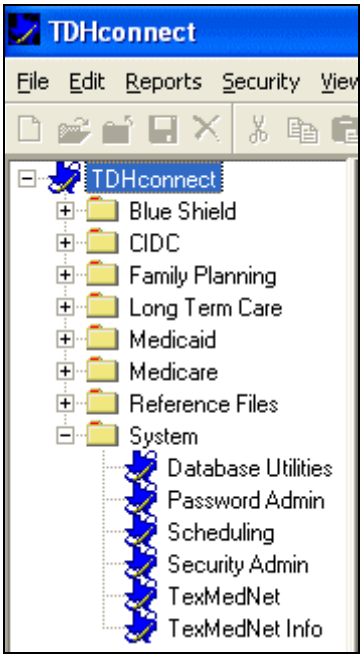
Select the **Retrieve Other** tab on the **TDHconnect System Totals** window.



7. Scroll down to **C21 Reference Codes**.
8. Use the check boxes in the **Download** column to select the codes to download.
9. Click **Download**.
10. After the download is complete, compress the database again (see section 14.2, *Database Utilities*, on page 35 for instructions).

14 *TDHconnect 3.0* System Maintenance

14.1 System Functions Overview



1. To view system functions, double click the **System** folder in ***TDHconnect Explorer***.
2. The **System** folder expands. The options are:
   - **Database Utilities**
   - **Password Admin**(istration)
   - **Scheduling**
   - **Security Admin**(istration)
   - **TexMedNet***
   - **TexMedNet* Info**(rmation)

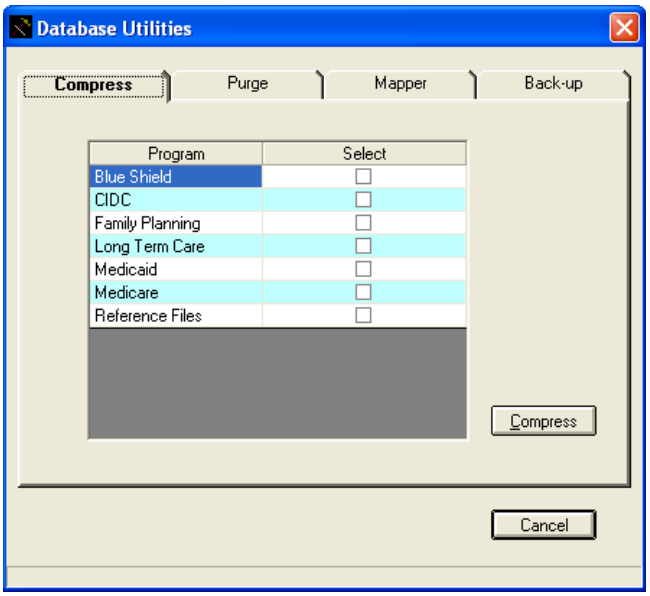
Note: *While TexMedNet functions are now performed by the TMHP EDI Gateway, the way to access these functions in *TDHconnect 3.0* remains the same.

14.2 Database Utilities

After sending and receiving requests, the *TDHconnect 3.0* database becomes larger, and response time eventually becomes slower. Regular maintenance such as backing up files, purging files, and compressing the database is important to *TDHconnect 3.0* database performance. The database utilities described in this section help maintain the size and response time of the *TDHconnect 3.0* database.

1. Expand the **System** folder in ***TDHconnect Explorer***.
2. Double click **Database Utilities**. The **Database Utilities** dialog opens with four tabs: **Compress**, **Purge**, **Mapper**, and **Back-up**.

14.2.1 Compress Tab

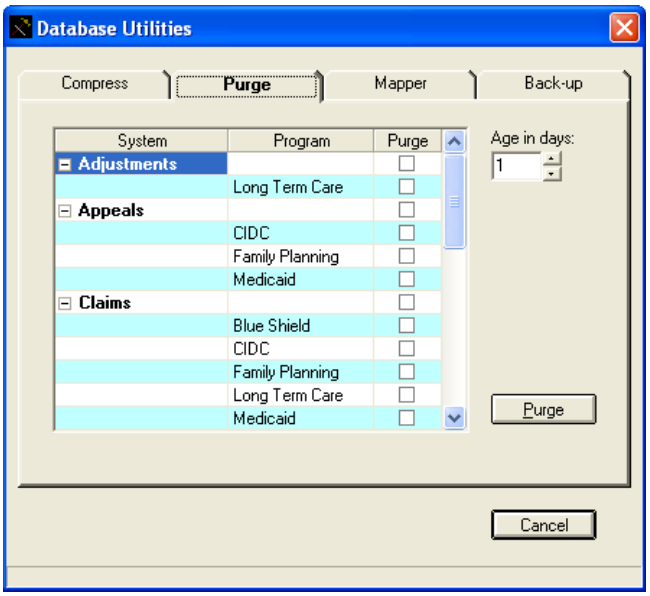


Important

To improve the performance of *TDHconnect*, use the **Compress** feature at least once per month and after each time you purge data.

1. Use the check boxes in the **Select** column to select the databases to compress.
2. Click **Compress** to compress the database(s).

14.2.2 Purge Tab



Important

To ensure database integrity, back up your database before purging data, and compress after purging.

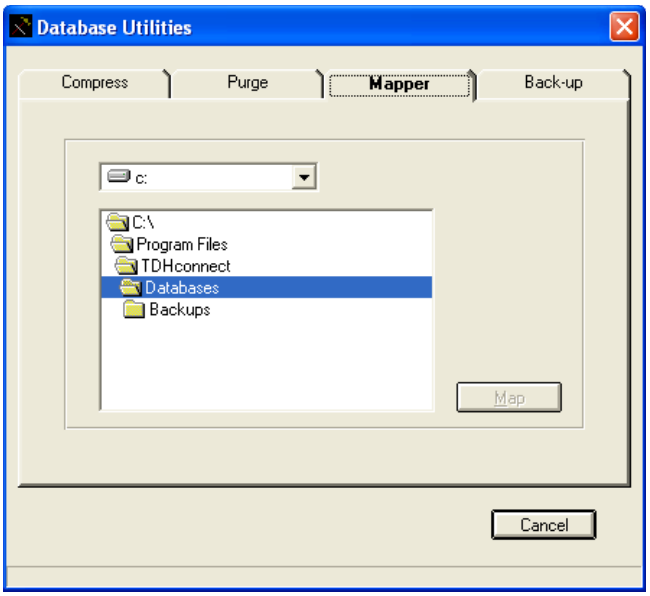
The **Purge** tab is used to purge old data from *TDHconnect*.

1. Scroll through the selections on the **Purge** tab and use the check boxes in the **Purge** column to select data types to delete.
2. In the **Age in days** field, enter the age of the data to select for deletion. Only data that old or older is deleted.
3. Click **Purge** to delete the data.

14.2.3 Mapper Tab

Mapper is most frequently used when multiple users are sharing one *TDHconnect 3.0* database, although any *TDHconnect 3.0* user can change the location of the database. The system can support up to 10 concurrent users. A shared database is located on a server and *TDHconnect 3.0* is installed on the computers connected to the server. The database is shared but *TDHconnect 3.0* itself is not.

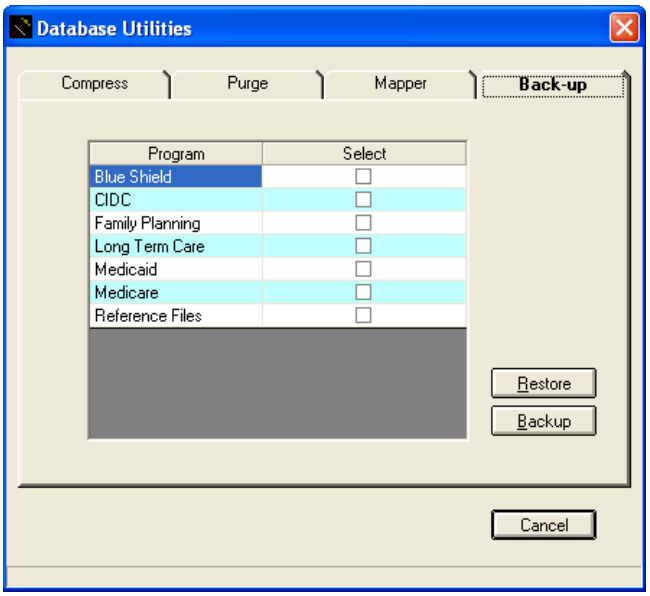
Important: Administrator rights are required when installing *TDHconnect 3.0* in a Windows NT® or Windows 2000 environment.



To set up concurrent users:

1. Create a folder on the server where the *TDHconnect* database is stored (and shared).
2. After installing *TDHconnect 3.0* on the computers that access the server (accepting the default database location), the Mapper function is used to locate the *TDHconnect* database on the server.
3. It is also possible to point to the *TDHconnect* database on the server during installation of *TDHconnect 3.0* on each computer.

14.2.4 Back-up Tab



1. Use the check boxes in the **Select** column to select the type of data to back up, and click **Backup**.
2. A backup copy of the selected data is placed in the TDHconnect backup folder. The previous backup is overwritten.

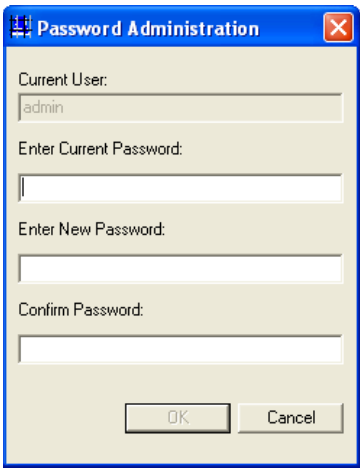
Note: To back up the data to a different disk drive (to ensure protection in case of disk drive failure) contact your system administrator or computer support personnel for assistance.

Important

Avoid accidentally clicking **Restore**. Clicking **Restore** overwrites the existing database image with the previously backed up database image. Following a restore, all changes to the database that occurred after the previous back up are lost.

14.3 Password Administration

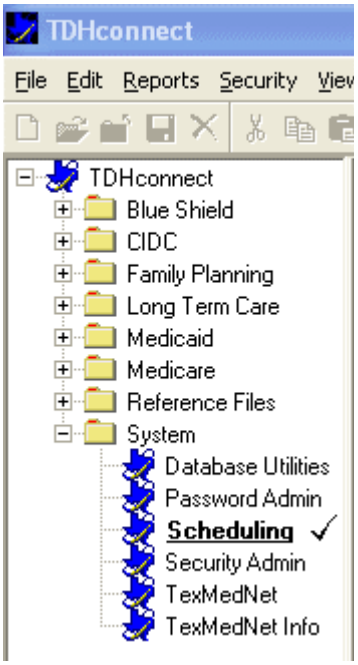
Important: If the password is changed and forgotten, TMHP's EDI technical support team cannot assist you with accessing *TDHconnect 3.0*. Write down your new password and save it in a secure location.



To change the password of the user currently logged in:

1. Expand the **System** folder.
2. Double click **Password Admin**. The **Password Administration** dialog opens.
3. Enter the current password, enter the new password, and enter the new password again to confirm in the appropriate fields.
4. Click **OK** to accept the password change.

14.4 Scheduling

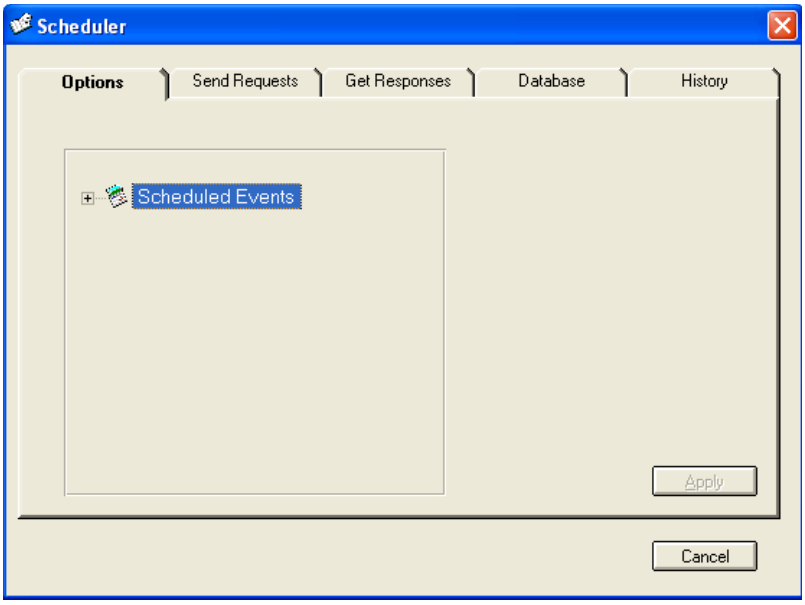


1. Expand the **System** folder.
2. Double click **Scheduling**. The **Scheduler** dialog opens.

The **Scheduler** dialog is used to schedule future events such as sending requests to TMHP, getting responses from TMHP, and completing database maintenance.

- The **Scheduler** dialog has the following five tabs:
- **Options**
- **Send Requests**
- **Get Responses**
- **Database**
- **History**

14.4.1 Scheduler Dialog — Options Tab



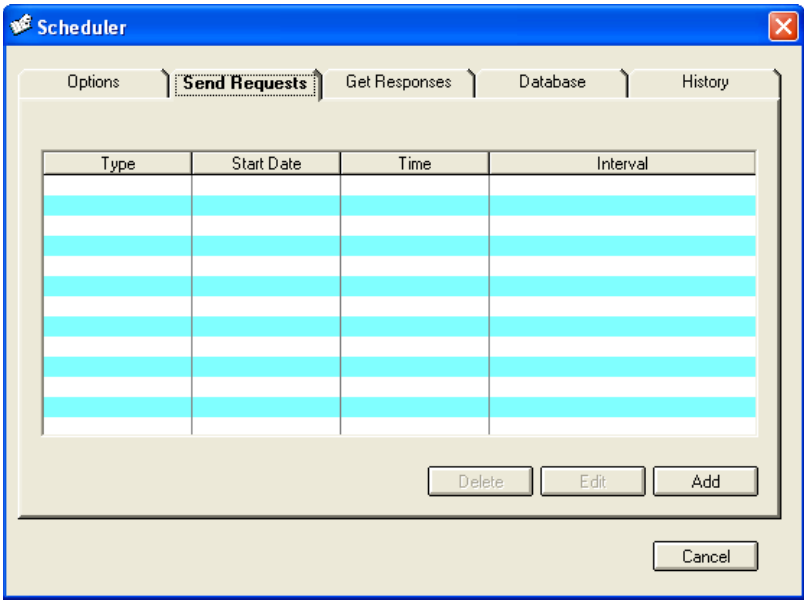
The **Options** tab is used to allow, or to not allow, scheduled events.

Important

The PC must be powered on and the user must be logged into *TDHconnect* at the time the event is scheduled for the scheduled event to occur.

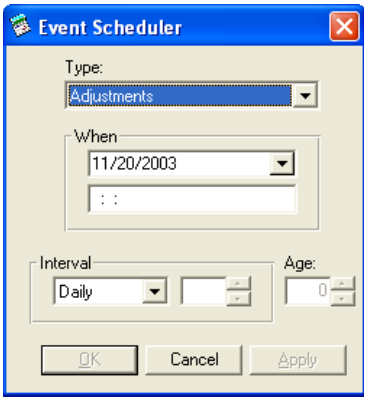
Note: Schedule events at least 15 minutes apart to allow time for each event to complete.

14.4.2 Send Requests Tab



The **Send Requests** tab is used to schedule sending a batch of requests to TMHP.

1. Open the **Send Requests** tab.
2. Click **Add**. The **Event Scheduler** dialog opens.

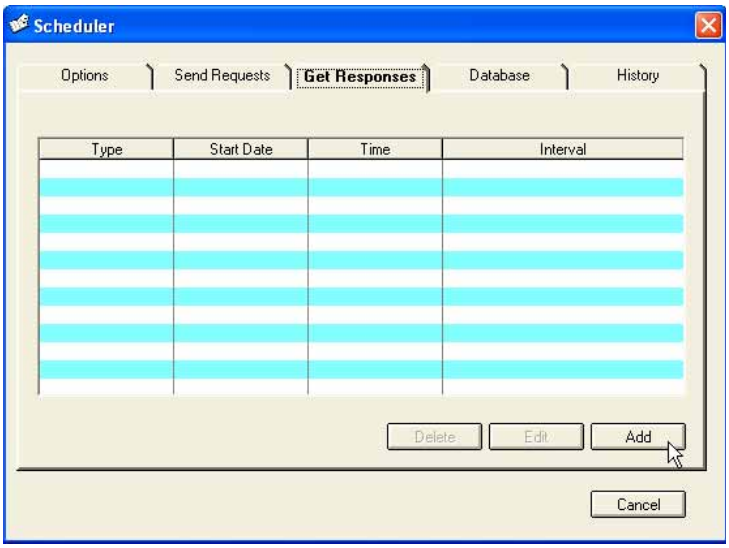


3. Select an event type in the **Type** menu.
4. Select a date in the **When** menu.
5. Enter the time (hour:minute:second AM or PM) in the field below the date. Use the format

   `HH:MM:SS AM` (or `PM`)
6. Set the periodicity of the event in the **Interval** menu. If **Irregular** is selected, enter the number of days in the field to the right of the interval selector.

   The **Age** menu is not used to send requests.
7. Click **Apply** and click **OK** to schedule.

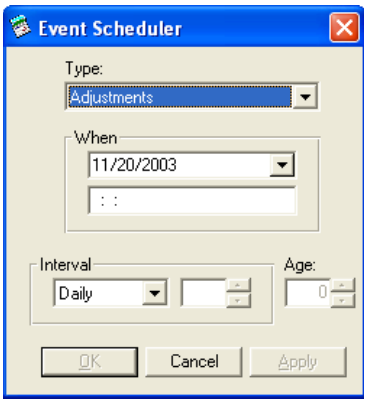
14.4.3 Get Responses Tab



Use the **Get Responses** tab to schedule the retrieval of batch responses.

Note: If **Send Requests** have been scheduled, consider scheduling **Get Responses** on the following day

1. Open the **Get Responses** tab and click **Add**. The **Event Scheduler** dialog opens.

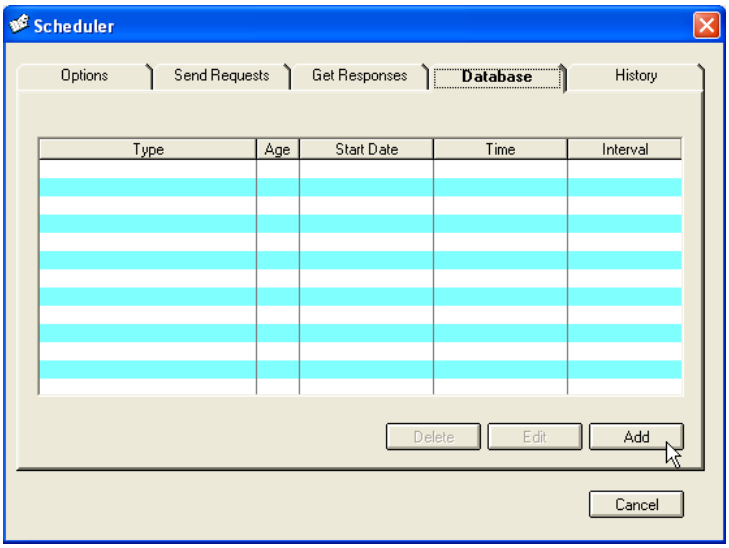


2. Select an event type in the **Type** menu.
3. Select a date in the **When** menu.
4. Enter the time (hour:minute:second AM or PM) in the field below the date. Use the format

   `HH:MM:SS AM` (or `PM`)
5. Set how often the event repeats in the **Interval** menu. If **Irregular** is selected, enter the number of days in the field to the right of the interval selector.

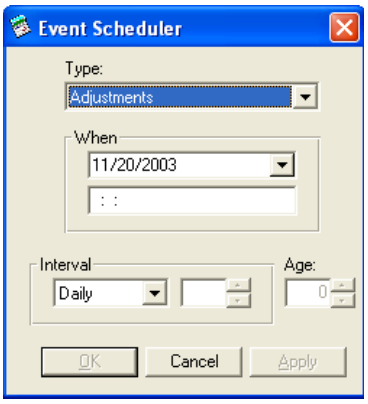
   The **Age** menu is not used to send requests.
6. Click **Apply** and **OK** to schedule.

14.4.4 Database Tab



Use the **Database** tab to schedule the automatic execution of database maintenance functions such as backup, compress, or purge.

1. Open the **Database** tab and click **Add**. The **Event Scheduler** dialog opens.



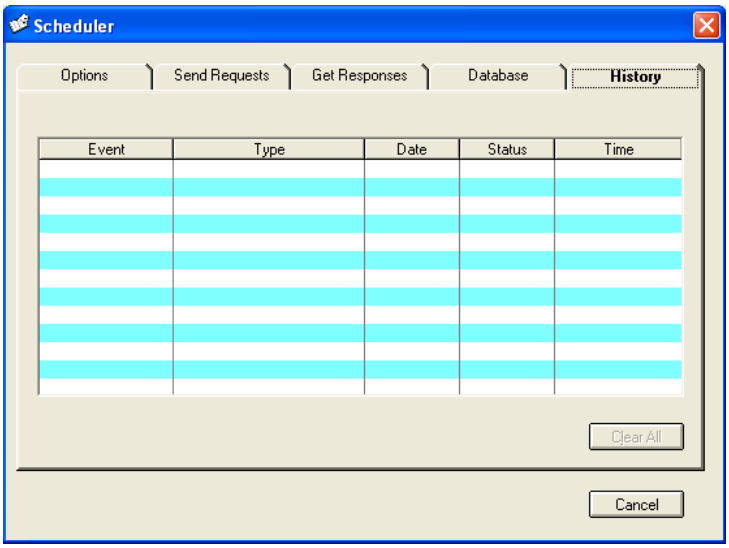
2. Select an event type in the **Type** menu.
3. Select a date in the **When** menu.
4. Enter the time (hour:minute:second AM or PM) in the field below the date. Use the format

   `HH:MM:SS AM` (or `PM`)

5. Set how often the event repeats in the **Interval** menu. If **Irregular** is selected, enter the number of days in the field to the right of the interval selector.
6. Set the age of affected records in the **Age** menu. Only records older than the number of days defined in step are affected.

7. Click **Apply** and click **OK** to schedule.

14.4.5 History Tab



The **History** tab lists any scheduled events that occurred as successful or unsuccessful. Use the **History** tab to verify scheduled events.

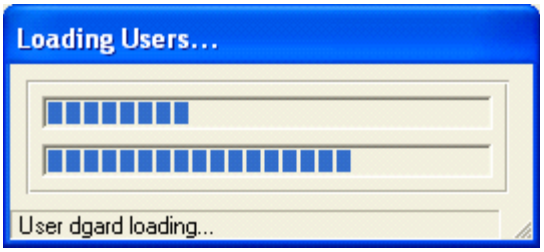
Note: If the event was unsuccessful, submit the request or response retrieval in the **Program Summary** window or use the **Database Utilities** for database maintenance.

14.5 Security Admin (Add Users)

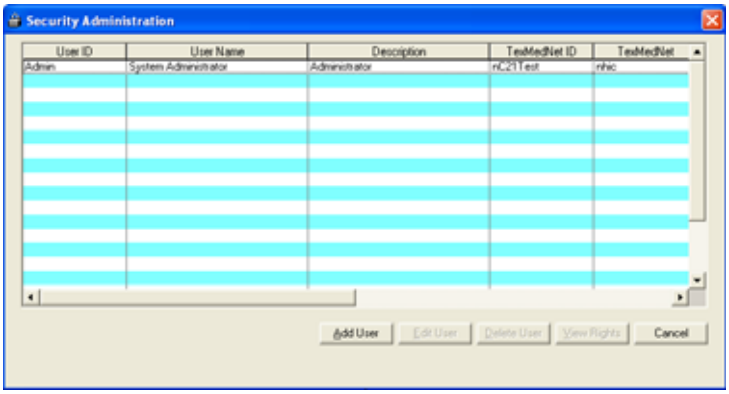
Use **Security Admin** to set up new *TDHconnect 3.0* users.

Note: *TDHconnect 3.0* is set up with a default user called **Admin**.

1. Expand the **System** folder in ***TDHconnect Explorer*.**



2. Double click **Security Admin**. The **Loading Users…** progress dialog opens. Once all users are loaded, this dialog closes and the **Security Administration** dialog opens.



3. Click **Add User**. The **Security Wizard – Step 1** dialog opens.

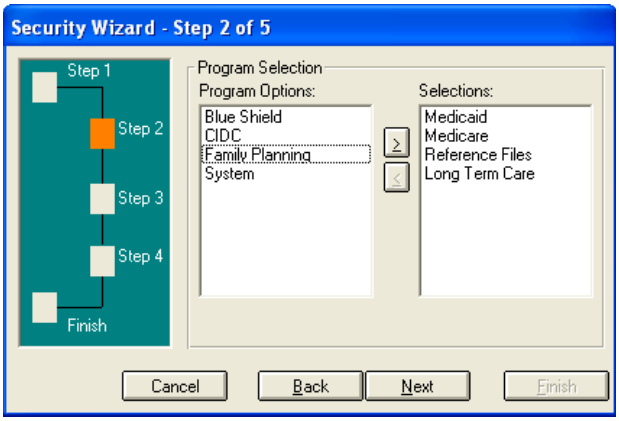
   Follow the step-by-step instructions in the **Security Wizard** to add a user.

14.5.1 Security Wizard Step 1

Note: The orange square on the diagram on the left side of the dialog indicates the current step in the process.

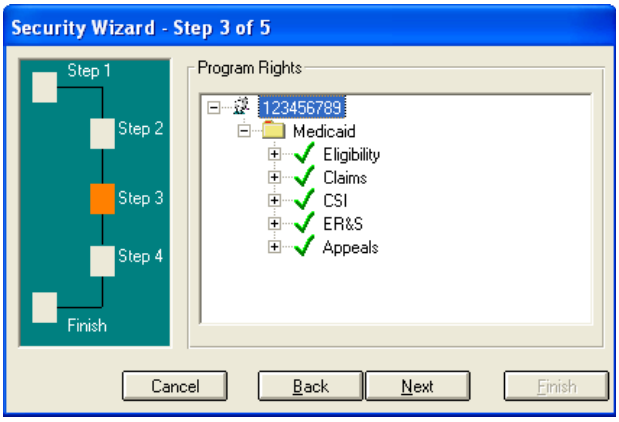
Fields with **bold** titles are required fields.

4. Enter the **User ID**, **Full Name**, and a **Description** for the user.
5. Enter `password` in the **Password** field. New users are asked to change their password the first time they login.
6. Click **Next** to advance to the next step.



7. Select the programs that the user can access by double clicking a program name in the **Program Options** menu. The program name is moved to the **Selections** menu.

   Double click a program name in the **Selections** menu to deselect it. The program name is moved too the **Program Options** menu.
8. Click **Next** to continue.

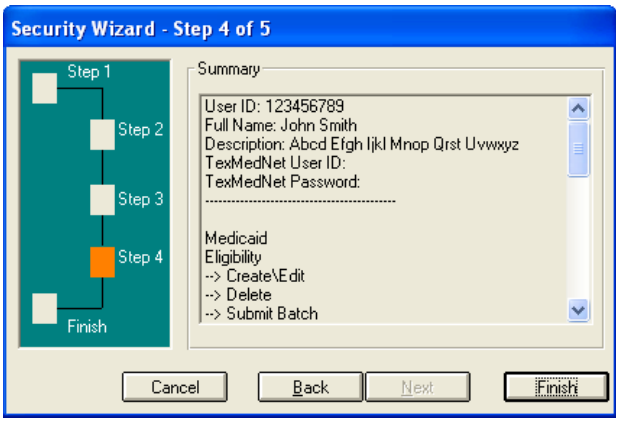


9. Select the options that the new user is authorized to use.
   - Double click the user ID to expand a list of available programs.
   - Double click a program name (such as Medicaid) to expand a list of options available for that program.
   - Double click an option to expand a list of functions available for that option.

- A ✓ indicates that the user has access, and an ✗ indicates that a user does NOT have access.
- Change the settings by double clicking on the ✓ or ✗ symbols

10. Click **Next** when done.

14.5.2 Security Wizard Step 4



Step four summarizes the functions that the user can complete.

To change a selection, click **Back**, otherwise click **Finish** to add the user.

15 Connecting to TMHP

The only way to connect to the TMHP website is through an Internet service provider (ISP). This incurs the cost of having an Internet service provider.

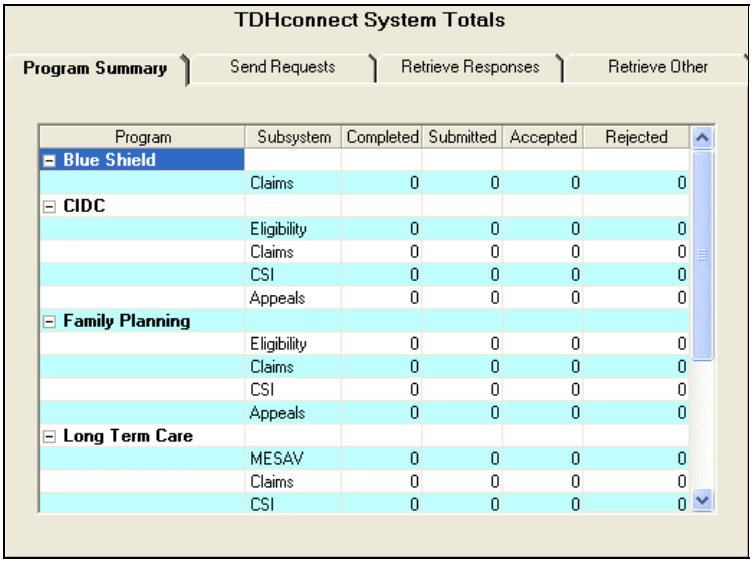
1. Connect to your ISP if not already connected.
2. Open Internet Explorer.
3. In the address line, enter www.tmhp.com. The TMHP website opens and displays the TMHP home page.

NOTES

16 Using the *TDHconnect* System Totals Window

The **TDHconnect 3.0 System Totals** window is the default window in *TDHconnect 3.0*. It features the following four tabs: **Program Summary, Send Requests, Retrieve Responses,** and **Retrieve Other.**

16.1 Program Summary Tab



The **Program Summary** tab contains the following columns of information:

- **Program** — Blue Shield, CIDC, Family Planning, Long Term Care, Medicaid, and Medicare.
- **Request types** (**Subsystem**) — Eligibility, Claims, CSI, Appeals, Adjustments, and MESAV.
- **Request status** — the number of **Completed, Submitted, Accepted,** or **Rejected** requests.

16.1.1 Batch Request Statuses

Important: It is critically important to download all submitted claims and appeals to see if any were rejected and work them immediately.

- **Completed** — A request (Eligibility, Claim, Appeal, or Claim Status Inquiry) was entered into TDHconnect and passed all the local edits, but it has not been submitted to TMHP. Completed requests convert to **Submitted** status after being sent to TMHP in a batch.
- **Incomplete** (displayed in claims section only) — The request was entered into TDHconnect but did not pass all the local edits and is not ready to submit to TMHP. Incomplete requests convert to **Completed** status after completion.
- **Submitted** — The request has been transmitted to TMHP for processing (see section 16.2, *Send Requests Tab*, on page 48). *Submitted* requests convert to *Processed* status after the response is downloaded from TMHP.
- **Processed** (displayed in later sections) — Twenty-four hours after submitting a request, download the request to see if it was accepted or rejected.
- **Accepted** — Electronically-submitted requests that have passed the acceptance edits at TMHP, have been assigned an ICN (a unique claim number) and are processing in the TMHP system.

Note: An **Accepted** claim does not guarantee payment. **Accepted** status indicates only that the claim is accepted for further processing. Whether the claim is paid or denied is not determined until after it finishes processing.

Important: To see the status of accepted claims, check your Remittance & Status (R&S) reports or run a Claim Status Inquiry. You must have a signed Claim Status Inquiry Authorization form on file with TMHP to perform claim status inquiries. Call TMHP (888-863-3638) and also see section 19, *Medicaid Claim Status Inquiry*, on page 93 for a blank agreement form.

- **Rejected** — Electronically-submitted requests that received a response indicating the request has been rejected due to errors. You can correct and resubmit these requests.

Note: **Rejected** claims do not receive an ICN and do not appear on the R&S report, nor do they appear on a Claim Status Inquiry.

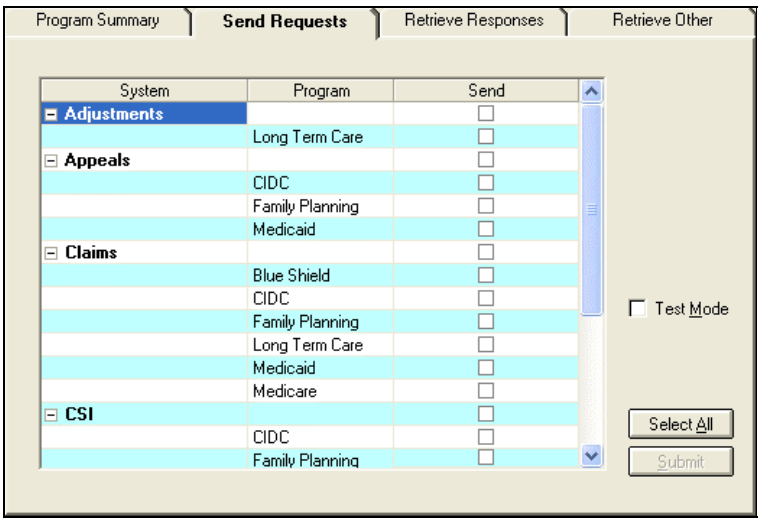
16.1.2 Batch Transmission Process

A common error is to click **OK** in claims or appeals and assume that the transaction has been sent to TMHP. Another common error is to submit the claim or appeal to TMHP but not retrieve the response the next day to see if the claim or appeal was accepted or rejected.

Important: Unless all four steps of a batch transmission (see diagram below) are performed, you may overlook rejected claims or appeals, resulting in possible loss of reimbursement.

16.2 Send Requests Tab

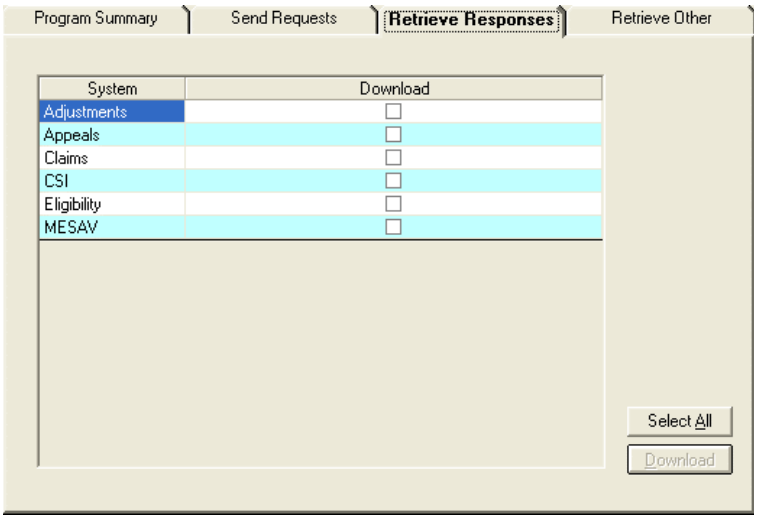
The **Send Requests** tab allows the user to send "batches" or groups of appeals, claims, claim status inquiries, or eligibility requests.



1. Use the check boxes in the Send column to select batches to send to TMHP.
2. When finished selecting, click **Submit**.
3. Once the transmission to TMHP is completed without errors, open the **Program Summary** tab and verify that the sent requests have changed from *Completed* status to *Submitted* status.

16.3 Retrieve Responses Tab

Responses become available approximately 24 hours after submitting requests to TMHP. To view responses, open the **Retrieve Responses** tab.

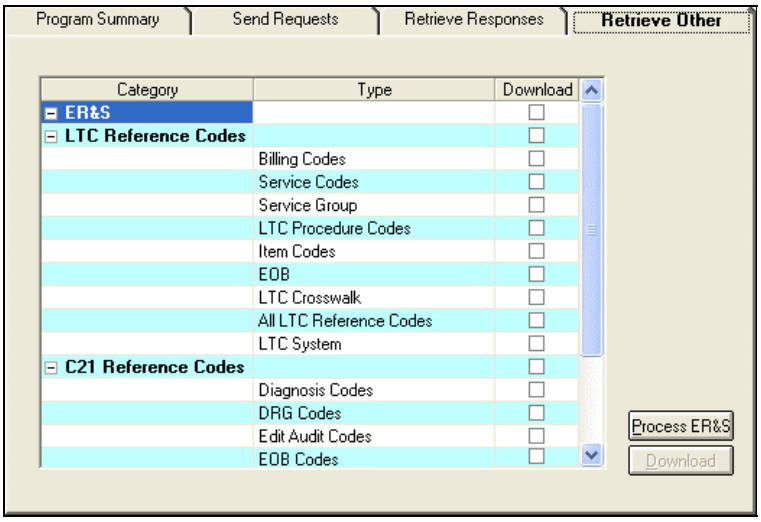


1. Use the check boxes in the **Download** column to select the responses to download.
2. When finished, click **Download**.
3. To verify that responses were successfully downloaded, open the **Program Summary** tab. Verify that the status has updated from *Submitted* status to *Accepted* or *Rejected* status.

Note: If you are unable to retrieve a response 48 hours after submitting a request, call the TMHP Electronic Data Interchange (EDI) Help Desk at 888-863-3638 for assistance.

Important: *Rejected* claims are **not** kept by TMHP and are not included in R&S reports or claims status inquiries. If the rejected claim is within the appropriate filing deadline period based on the date of service, you may correct and resubmit the rejected claim. If the rejected claim is beyond the filing deadline, the next deadline to meet is 180 days following the date of the rejection. In this case, you must print the rejection report to prove timely filing and send it along with a paper claim to TMHP.

16.4 Retrieve Other Tab



The **Retrieve Other** tab is used to electronically download R&S reports and reference codes.

16.4.1 Retrieve ER&S Reports

Important: You must have a signed *ER&S Agreement* on file with TMHP before you are allowed to download ER&S reports.

Electronic R&S (ER&S) reports are available weekly at 6:00 a.m. each Monday. To download your ER&S report:

1. Use the check box in the **Download** column to select **ER&S**.
2. Click **Download**.
3. Click **Process ER&S** only if there is an error downloading the ER&S.

Note: You cannot view the ER&S report by using the **Retrieve Other** tab. To generate and view the ER&S report after it has been downloaded, see section 20, *Medicaid Electronic Remittance & Status (ER&S)*, on page 99 for instructions.

16.4.2 Retrieve Reference Codes

1. Use the check boxes in the **Download** column to select the reference code types to retrieve.
2. Click **Download**.

17 Medicaid Eligibility

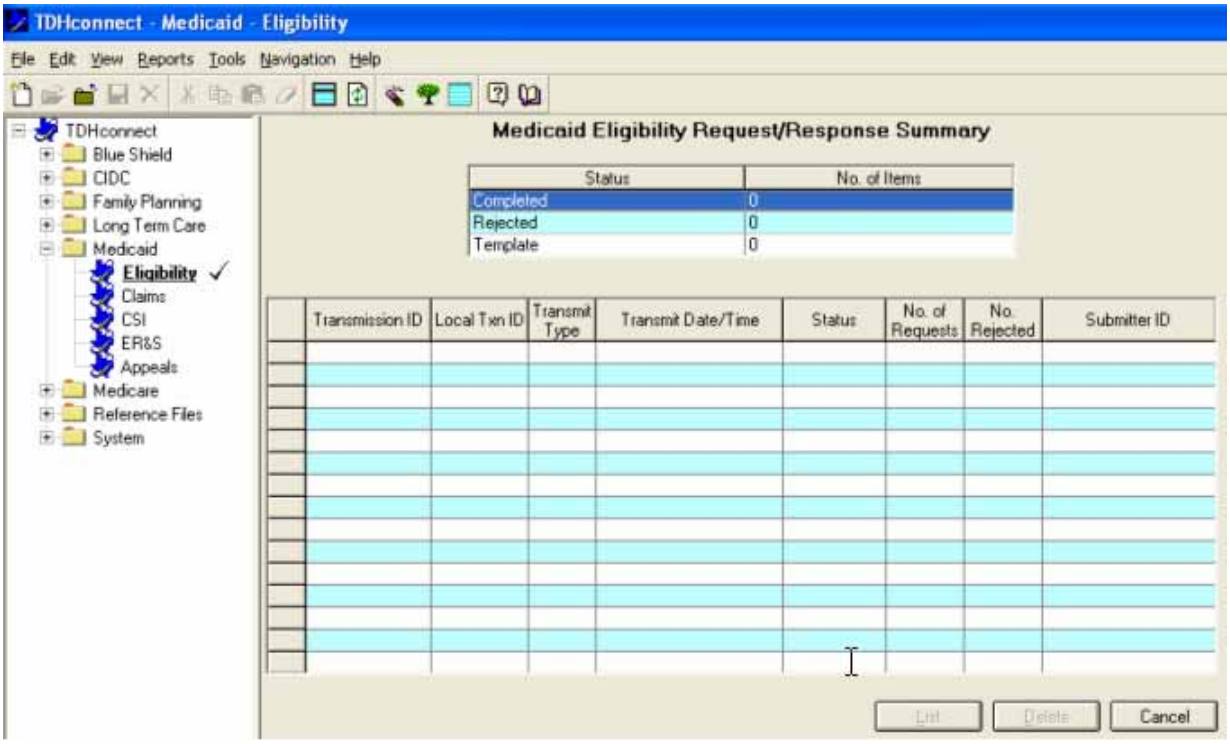
The purpose of an eligibility request is to verify that a client is eligible to receive Texas Medicaid. An eligibility request returns very helpful information such as if the client is a member of an HMO, has other insurance, or is no longer is eligible for Medicaid eligibility. Refer to the current Texas Medicaid Provider Procedures Manual for related policy information.

17.1 Changes Due to HIPAA

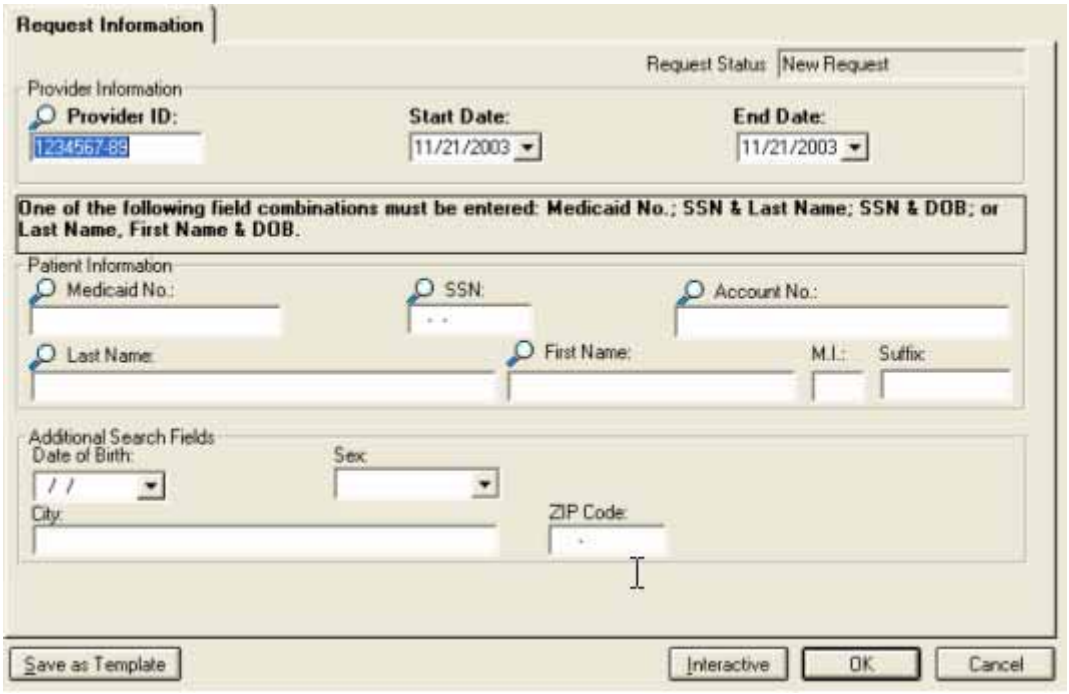
Under HIPAA, the electronic eligibility request is standard 270, and the electronic eligibility response is standard 271. The following items have changed:

- The last name and the suffix are now in separate fields on eligibility requests and responses, so separate the suffix field even if the paper 3087 shows the suffix appended to the last name.
- On the eligibility response, authorization information is no longer available. Call the TMHP Contact Center at 800-925-9126.
- TPR (Third Party Resources) relationship to the insured is no longer available on the eligibility response.

17.2 Beginning the Eligibility Request



1. Double click **Medicaid** to expand the **Medicaid** folder.
2. Double click **Eligibility** to display the **Medicaid Eligibility Request/Response Summary** window.
3. Click **File→New** on the *TDHconnect 3.0* menu bar. The **Request Information** dialog opens.



4. Enter the **Provider ID** (TPI) or click the magnifying glass icon to select the **Provider ID**. Input the **Start Date** and **End Date**. The Start and End dates can span up to three months. The **End Date** can be the current date. The date span must be within the past three years.
5. Input any of the listed field combinations:

Important: Input the minimum amount of information in this section, preferably Medicaid number only, because ANY incorrect information will cause the request to fail.

- **Medicaid No.** *or*
- **SSN** and **Last Name** *or*
- **SSN** and **Date of Birth** *or*
- **Last Name**, **First Name**, and **Date of Birth**

Note: **Suffix** is not contained in the **Last Name** field; it has its own field.

17.3 Creating an Eligibility Template

In ***TDHconnect Explorer***, double click **Medicare** to expand the folder and double click **Eligibility**.

1. In the *TDHconnect 3.0* main menu, click **File→New**. The Request Information tab opens in the workspace.
2. Complete the required fields.
3. Once all information has been completed, click **Save As Template**. You are prompted to select a name for the template. Enter a name and click **OK**.

17.4 Submitting and Retrieving Eligibility Requests

There are two ways to submit eligibility requests: interactive and batch. An interactive request is fast and done online while you wait, but it can only be done for one client at a time. A batch of requests takes 24 hours (usually overnight), but may include one or many eligibility requests.

17.4.1 Submit/Retrieve Interactive Requests

To submit and retrieve an interactive eligibility request, click **Interactive** and within a few minutes the eligibility response, *accepted* or *rejected*, is displayed.

17.4.2 Submit/Retrieve Batch Requests

Important: Clicking **OK** does not send the request to TMHP. Clicking **OK** stores the request in *Completed* status on YOUR database only. You must do all four steps listed below to send and retrieve batch requests.

Submit a batch request:

1. Fill out eligibility requests and click **OK** on each request. Requests are stored in *Completed* status on your database.
2. Click **Cancel** to exit Eligibility.
3. Open the **TDHconnect 3.0 System Totals** window and select the **Send Requests** tab.
4. Select the check box for **Medicaid Eligibility** in the **Send** column.
5. Click **Submit**. Requests are changed to *Submitted* status and are sent to TMHP.

Retrieve a batch request:

1. 24 hours after request submission, open the **TDHconnect 3.0 System Totals** window and select the **Retrieve Responses** tab.
2. Select the check box for **Eligibility** in the **Download** column.
3. Click **Download**. Requests are now changed to *Processed* status.
4. To view the downloaded response, double click **Eligibility** under the **Medicaid** folder (left side of window), then double click the response.

17.5 Medicaid Eligibility – Response

The response displays client eligibility. Tabs with shaded labels have no information to display. In this example, the client has Medicaid eligibility no Medicare, is not a lock-in client, has Managed Care, has benefit limits, but has no other insurance.

Note: HIPAA compliant eligibility responses no longer display authorization information or Relationship to the Insured on the Other Insurance tab.

Click the **Patient** icon in the upper right corner of the screen to send client information to the Client Reference file, which allows the magnifying glass icons to be used later to populate client information in forms.

When the **Eligibility Save Patient Wizard** opens, select the fields to send to the client reference file, or click **Select All,** and click **Finish**. A message states that the patient was updated.

- Select the **Managed Care** tab to see the HMO or Texas Health Network (THN) information.
- Select the **Benefit Limits** tab for the latest eyeglass, hearing aid, THSteps Dental and THSteps Medical claims.
- Select the **Other Insurance** tab for information on other insurers for the client. To update the client's other insurance, contact Third Party Resources at 800-846-7307. See also the "Third Party Resources" section in the *Texas Medicaid Provider Procedures Manual*.
- Include an account number before saving client data.

17.6 Printing Eligibility Reports

Six types of eligibility reports may be printed from the **Medicaid Eligibility Request/Response Summary**.

- **Transmission Summary** – Click a batch eligibility response (has Transmit Type "B" and a Transmission ID). Click **Reports and Transmission Summary** to display the report. The number of accepted or rejected responses is listed. Click **Print** for a paper copy.
- **Transmission Detail** – Click an accepted batch eligibility response (has Transmit Type "B" and a Transmission ID). Click **Reports and Transmission Detail**. A list of eligibility responses in that batch is displayed. Click **Print** for a paper copy.
- **Information Request** – Double-click the completed row near the top of the window. At least one completed eligibility request is required. Select a request that has been *Completed* but not *Submitted*. Click **Reports→Information Request** on the *TDHconnect 3.0* menu bar. A detailed display of the request is given, but no response information is available since this request has not yet been submitted to TMHP and retrieved. Click **Print** for a paper copy.
- **Information Response** – Select an accepted response, batch or interactive. The response is displayed. To print the response, click **Reports**, **Information Response**, and **Print** on the *TDHconnect 3.0* menu bar.
- **Interactive Summary** – Click **Reports** and **Interactive Summary** on the *TDHconnect 3.0* menu bar. Input a range of beginning and ending transmit dates and click **OK**. A report of eligibility responses is displayed. Click **Print** for a paper copy.
- **Batch Report** – Select an interactive or a batch response, click Reports and Batch Report. The report IMMEDIATELY starts printing a detailed list of ALL eligibility responses from the row you selected.

18 Medicaid and Family Planning Claims

The Claims program task is used to create, view, submit, change, and delete claims or claim information.

Note: See Section 4 of the *Texas Medicaid Provider Procedures Manual* for related policy information.

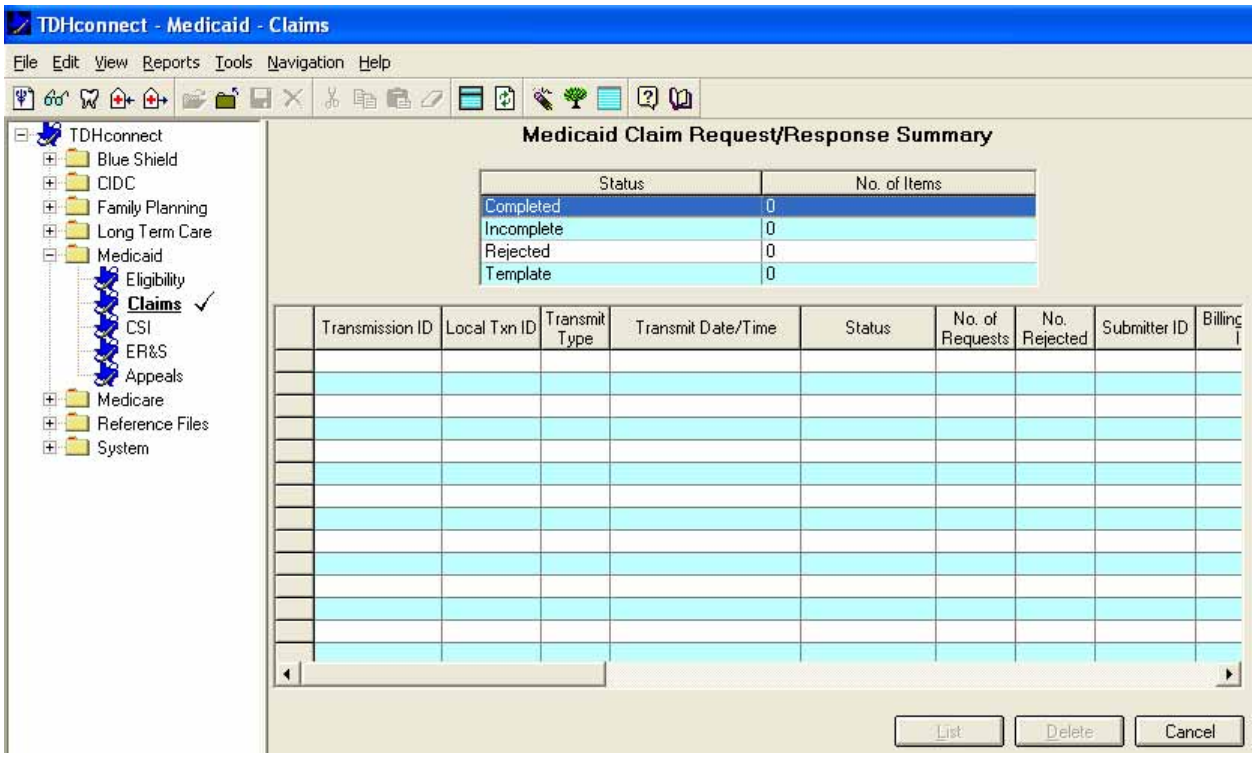
18.1 Changes to Claims Resulting from HIPAA

Under HIPAA, the electronic claim request is standard 837. Professional and eyeglass claims are standard 837P, dental claims are 837D, and inpatient and outpatient claims are 837I. Numerous changes have occurred to the main tabs (screens) for **Patient**, **Provider**, **Claim**, **Diagnosis**, **Details**, and **Other Insurance**, and some tabs now have sub-tabs. A claim response for an accepted claim may also be used (click **Save as Appeal**) to generate an appeal.

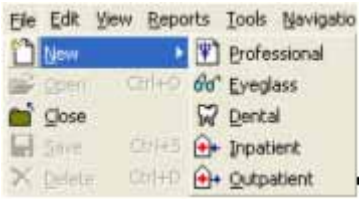
Important: If a claim denies with zero allowed, zero paid amounts (see R&S below), follow up with a new claim instead of an appeal, within 180 days of the R&S date. If your new claim has the same provider number, client/Medicaid number, date of service, and billed amount, then the new claim can be submitted on *TDHconnect 3.0*. If one of these fields has changed, then the new claim must be filed as a paper claim.

If a claim rejects (not denies, but rejects) and the claim is beyond the 95 day filing deadline, the rejected claims report may be printed and sent to TMHP along with a new paper claim if within 180 days of the rejection. See claim reports at the end of this section.

Begin claims by double-clicking **Claims** to display the **Medicaid Claim Request/Response Summary** window.



To start a new claim, click one of the five icons in the top left corner of the screen , or click **File→New** on the *TDHconnect 3.0* menu bar and then the type of claim: **Professional**, **Eyeglass**, **Dental**, **Inpatient**, or **Outpatient**.



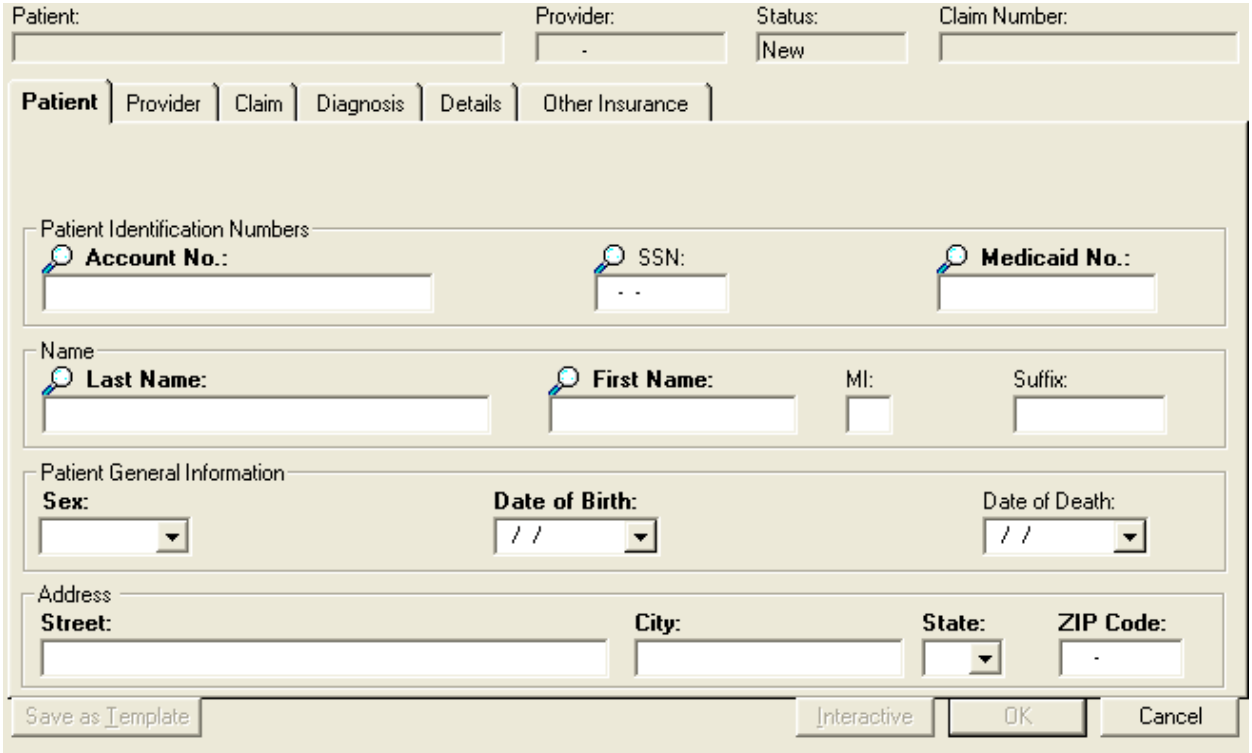
Note: The HIPAA transactions for **Professional** and **Eyeglass** claims are now transaction 837P (professional), Dental claims are transaction 837D (dental), and Inpatient or Outpatient claims are transaction 837I (institutional).

18.2 Filing Professional Claims

To start a new Professional claim (HIPAA transaction 837P), click the **New Professional Claim** icon, or click **File→New→Professional** on the*TDHconnect 3.0* menu bar.

18.2.1 Patient Tab

Click the magnifying glass icon to autopopulate the fields in the client database, or enter the fields manually. Required fields appear in **bold** type.



18.2.2 Provider Tab

The Provider tab has two sub-tabs, **Provider Facility** and **Referring and Other Provider**.

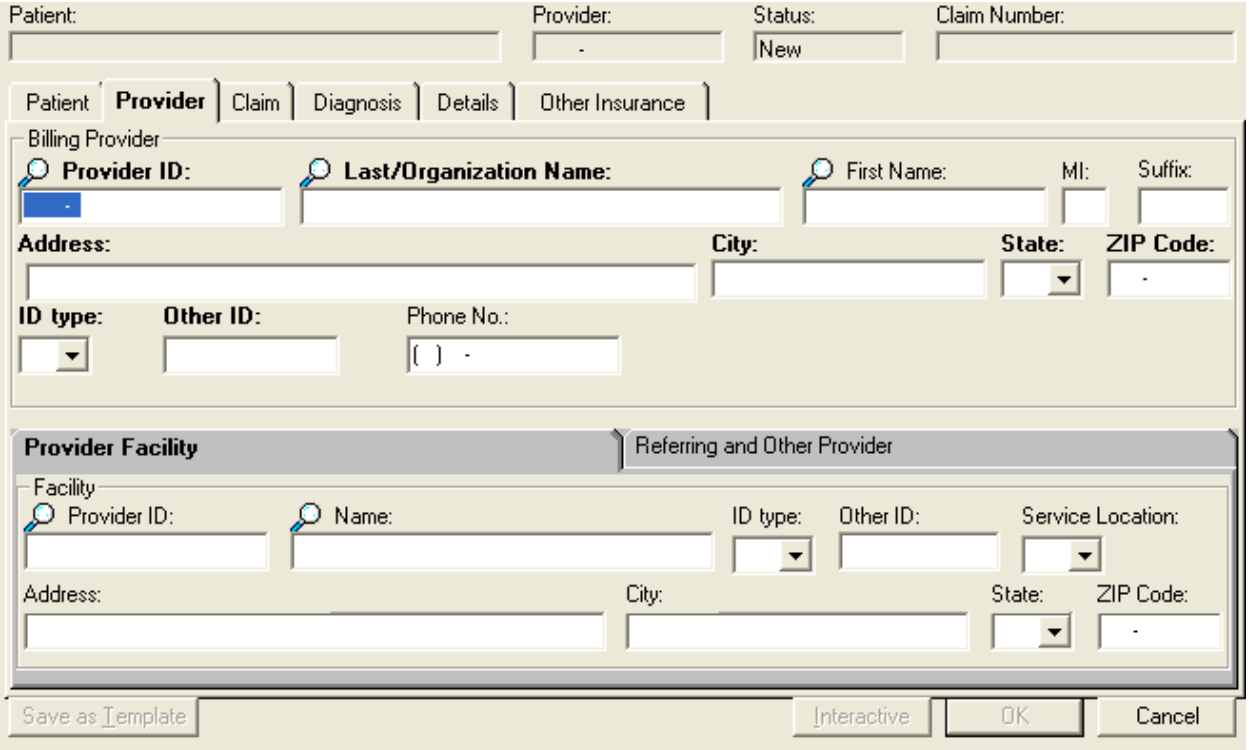
18.2.2.1 Provider Facility Sub-Tab

- Select the **Provider** tab.
- Click the magnifying glass icon to autopopulate the fields in the provider database, or enter the fields manually. Required fields appear in **bold** type.

If services were provided in a place other than the patient's home or the provider's facility (such as a hospital, birthing center, or nursing facility), open the **Provider Facility** sub-tab and enter information.

Required fields are:

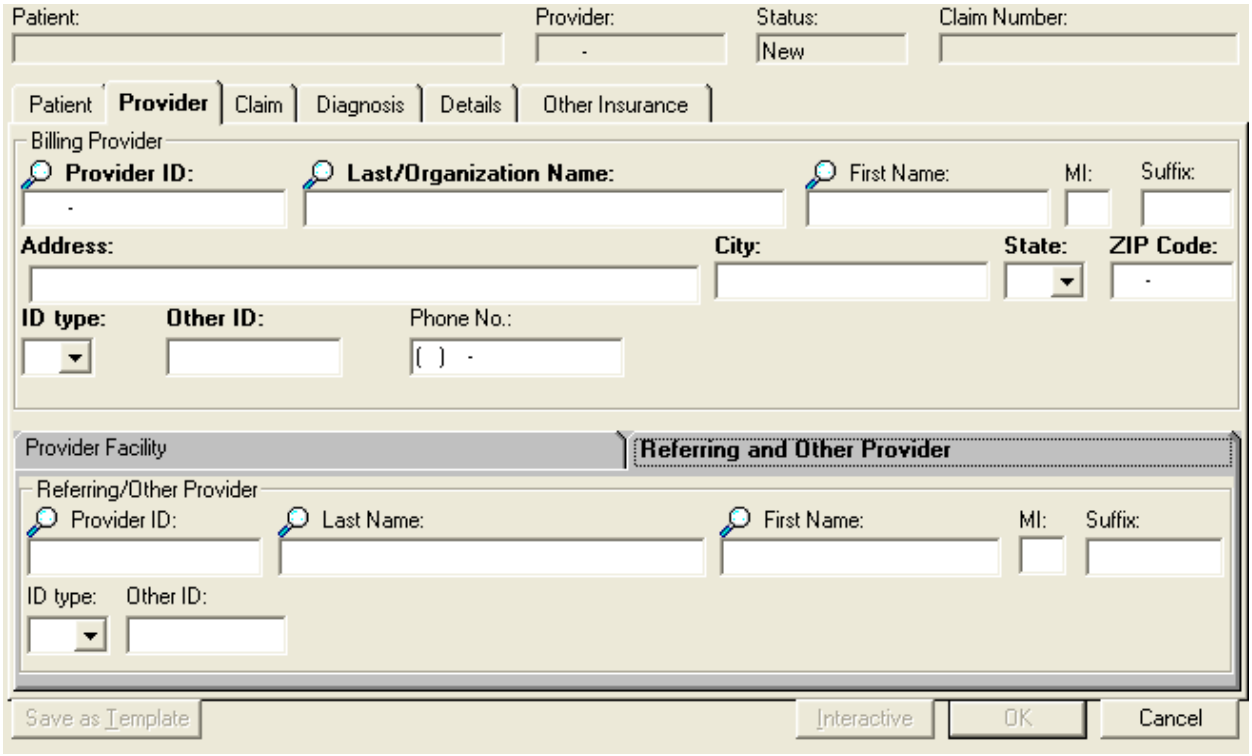
Facility Provider ID, **Name**, **ID type** (employer ID or social security number), **Other ID** (corresponding to ID type), **Service Location**, **Address**, **City**, **State**, and **Zip Code**.



18.2.2.2 Referring and Other Provider Sub-Tab

If required by the type of claim to enter a referring or primary care physician, open the **Referring and Other Provider** sub-tab and enter the 6–13 character referring **Provider ID** as a 9 digit TPI, 6-digit Medicare number, or a UPIN.

Also enter the **Last Name** and **First Name** of the referring provider, **ID type** (employer ID or social security number), and **Other ID** (corresponding to ID type). Other fields are optional.

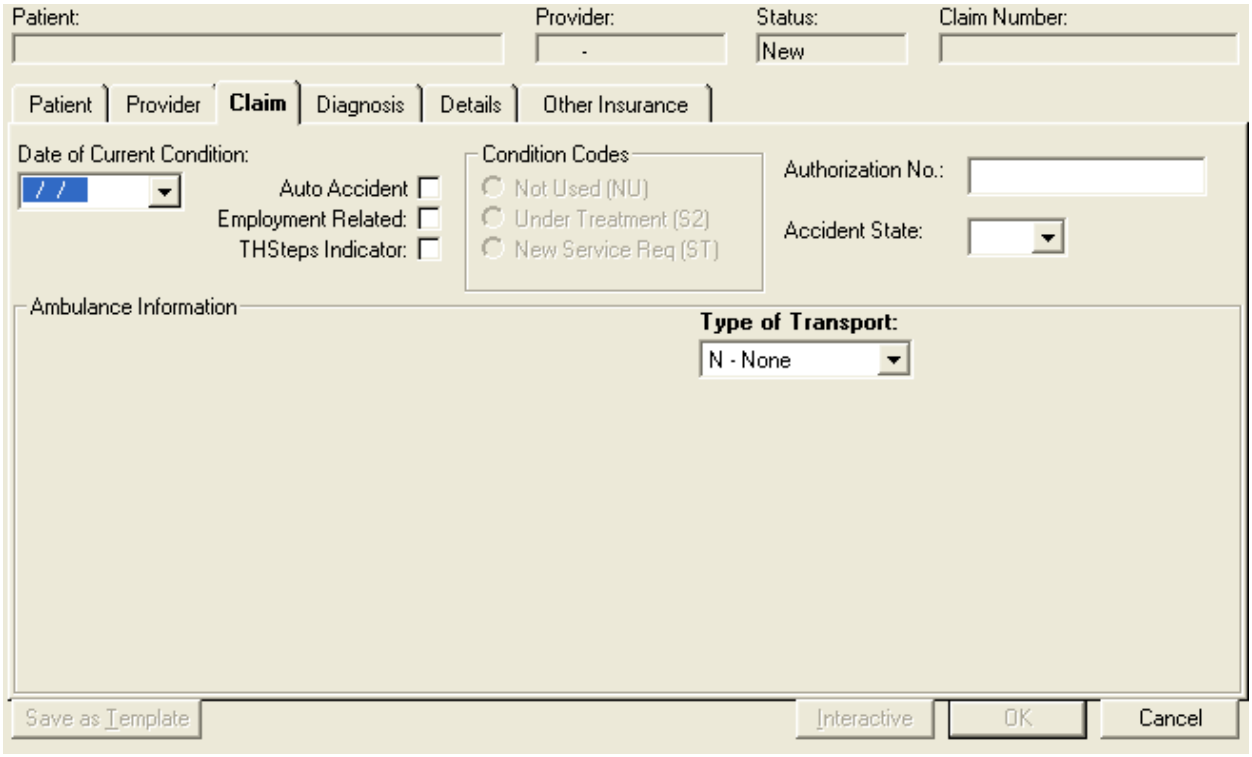


18.2.3 Claim Tab

If an ambulance, THSteps Medical, or authorization number is necessary, open the **Claim** tab and enter the necessary data.

Note: **THSteps Medical providers:** After clicking the THSteps indicator field on the **Claim** tab, select an appropriate Condition Code.

NU (Not Used)	Indicates the patient had a normal screening, an abnormal screen without treatment, an abnormal screen initiated treatment, was referred to another health agency, or to family planning.
S2 (Under Treatment)	Indicates that the client's screen was abnormal, but the condition is under treatment.
ST (New Services Requested)	Indicates new services requested, such as when the client was referred to the Primary Care Physician or to a specialist.



18.2.3.1 Creating a Claims Template

In ***TDHconnect Explorer***, double click **Medicare** to expand the folder and double click **Claims**.

TIP: If you have updated your client database, you will need to update your claim template. To edit your provider or claim template, open the template and use the magnifying glass to select the provider(s) or client(s) to update.

1. In *TDHconnect 3.0* main menu, click **File** and select the type of claim for which you are creating a template.
2. Complete the required fields for the claim type.
3. Add line item information.

Note: This is required for the initial template set up.

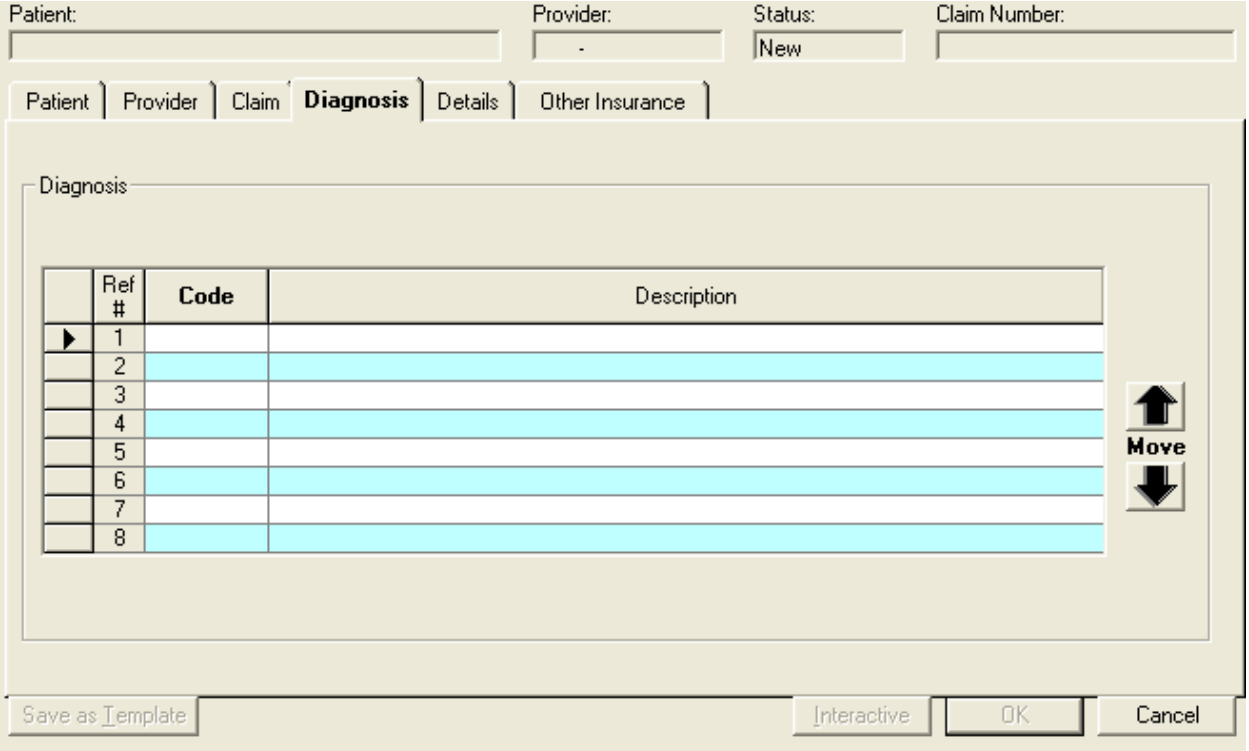
4. Click **OK** after each client and line item information is completed.
5. Once all clients have been added, click **Save As Template**. You are prompted to select a name for the template. Enter a name and click **OK**.

18.2.4 Diagnosis Tab

Note: A diagnosis code is required for professional claims.

1. Select the **Diagnosis** tab.
2. Input the **HCPCS** or **CPT Code** to the highest level of specificity. If uncertain of the code, press **<F2>** while the cursor is in the **Code** column to bring up diagnosis codes in the reference files. More than one diagnosis code may be entered.
3. Input the **Description** in the appropriate column.

NOTES
• **THSteps CCP Pharmacies:** The following note is found in Section 40 of the *Texas Medicaid Provider Procedures Manual*: “Pharmacies using their VP TPI should obtain prior authorization for prescription medications not paid through the Vendor Drug Program. If a claim is submitted without a diagnosis, then a provider must attach documentation establishing medical necessity and a signed prescription from a physician (MD or DO). Electronic claims must have diagnosis code V7999 for the claim to be accepted.” Instead, use the HIPAA compliant diagnosis code for THSteps CCP Pharmacies is V7285 (Other Specified Examination). • **Independent Laboratory providers:** Section 25 of the *Texas Medicaid Provider Procedures Manual* states the following: “Independent laboratories and pathologists do not have to supply Medicaid with a diagnosis except when billing the following procedures…”. If the procedure being billed by independent laboratory providers is not one of the procedures listed in that section requiring a diagnosis code by policy, they may use diagnosis code V726 (Laboratory Examination) for the claim to be accepted. • **Radiology providers:** If no other diagnosis code is available, use V725 (Radiological Examination, Not Elsewhere Classified).

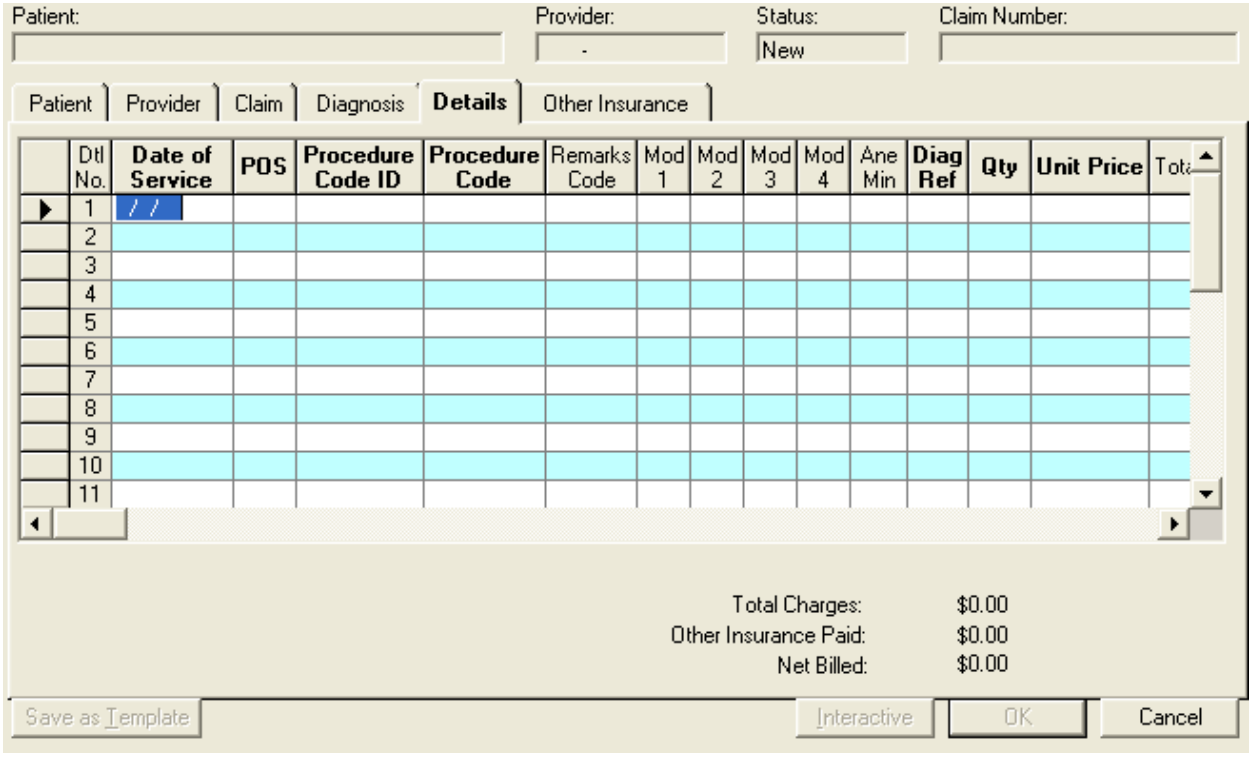


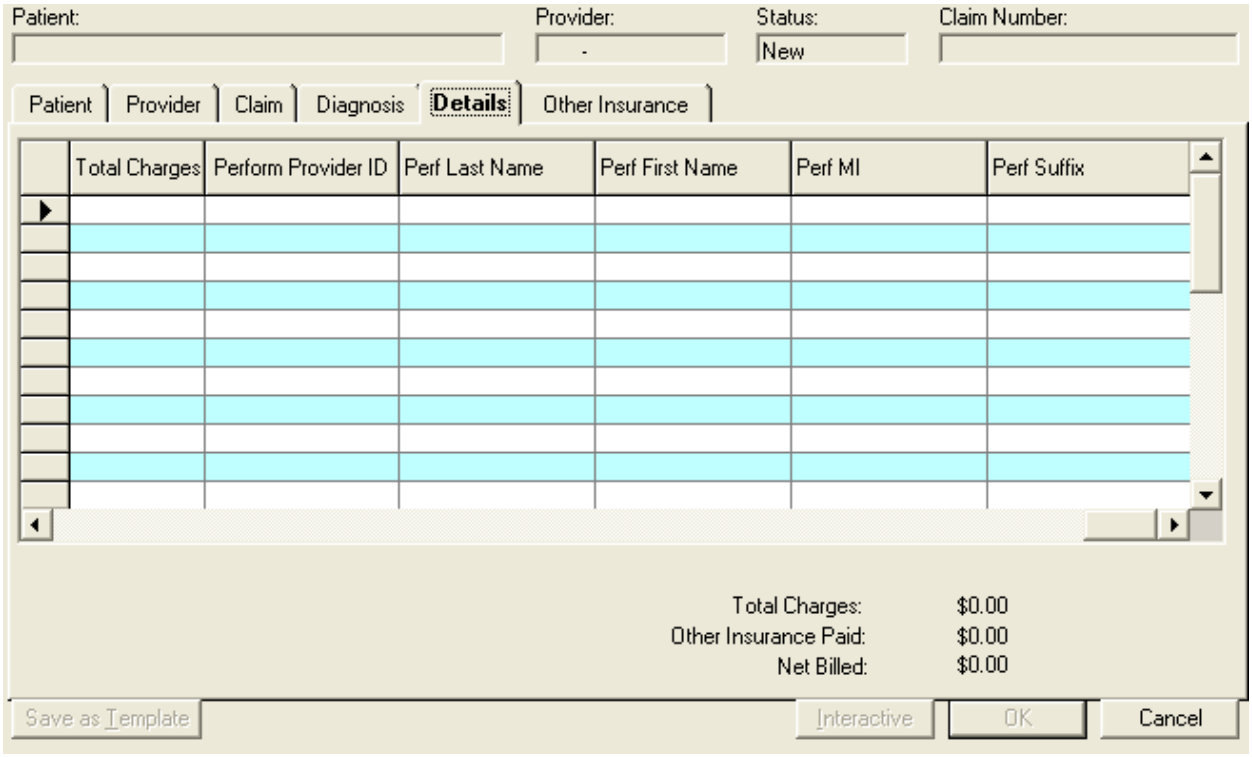
18.2.5 Details Tab

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

1. Select the **Details** tab and enter the date of service in MM/DD/YYYY format
2. Tab to the **POS** column and use the drop-down menu to select place of service (POS).
3. Click in the **Procedure Code ID** field and use the drop-down menu to select the type of procedure code (HCPCS; HIEC; National Drug Code in 4-4-2 format or 5-3-2 format or 5-4-1 format or 5-4-2 format; or Mutually Defined).
4. Input the **Procedure Code**. If needed, press **<F2>** to bring up procedure codes in the reference files for assistance. Type of Service (TOS) is automatically inserted by C21 based on the procedure code entered.
5. Genetic providers must use the **Remarks Code** field (after completing the **Procedure Code** field) to enter the five-character local procedure code that identifies the DNA test or laboratory enzyme test performed.
6. Dental claims for Orthodontics require a remarks code. See Medicaid Bulletin 174.
7. Input any needed modifier codes (**Mod 1** through **Mod 4**).
8. If needed, enter anesthesia minutes (**Ane Min**).
9. Input the diagnosis reference (**Diag Ref)** to refer to the most important diagnosis code entered on the **Diagnosis** tab.
10. Input the quantity (**Qty**) and **Unit Price**. The **Total Charges** are calculated.
11. Use the scroll bar to gain access to the fields on the right hand side of the window.

12. If the provider is a member of a group, enter the nine-digit performing provider number (**Perform Provider ID**) and name (**Perf Last Name**).

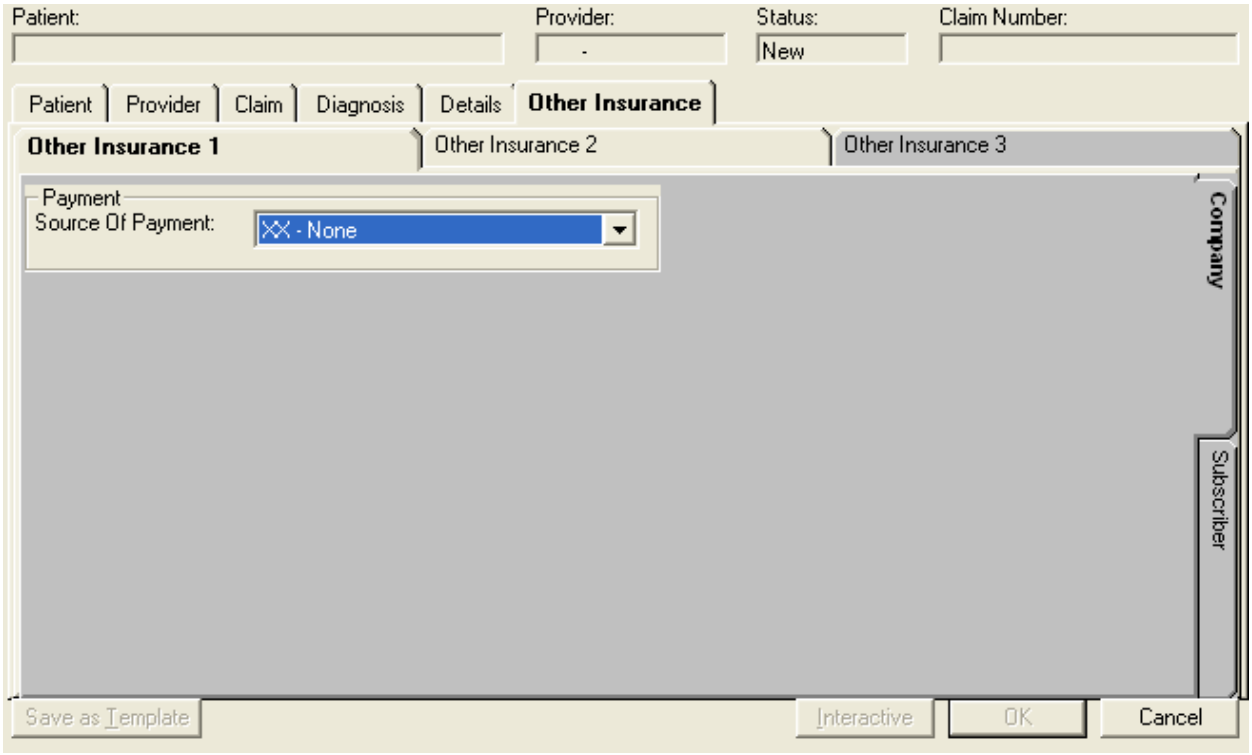




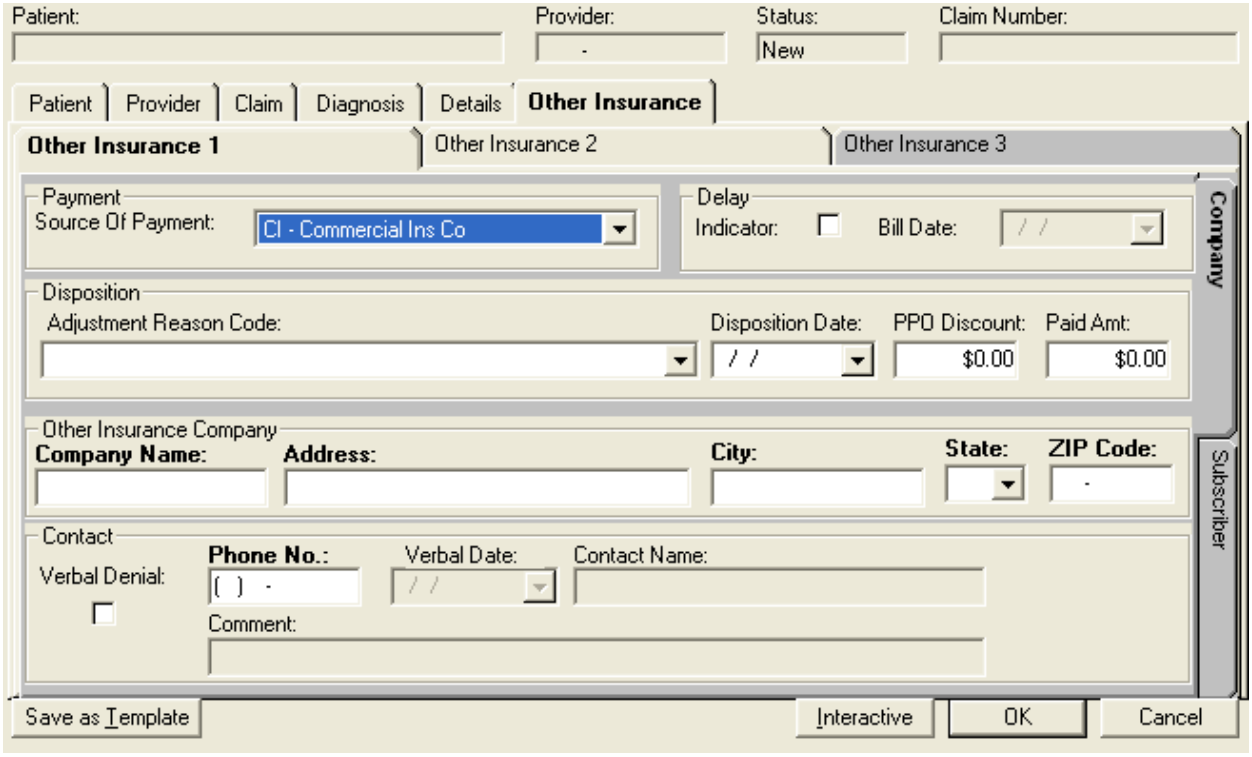
18.2.6 Other Insurance Tab

The Other Insurance tab has sub-tabs for three **Other Insurance** entries, and each of these entries has two sub-tabs for **Company** and **Subscriber** information.

18.2.6.1 Company Sub-Tab



1. To list the client's other insurance, open the **Other Insurance** tab and select the **Source of Payment**, such as Commercial Insurance.

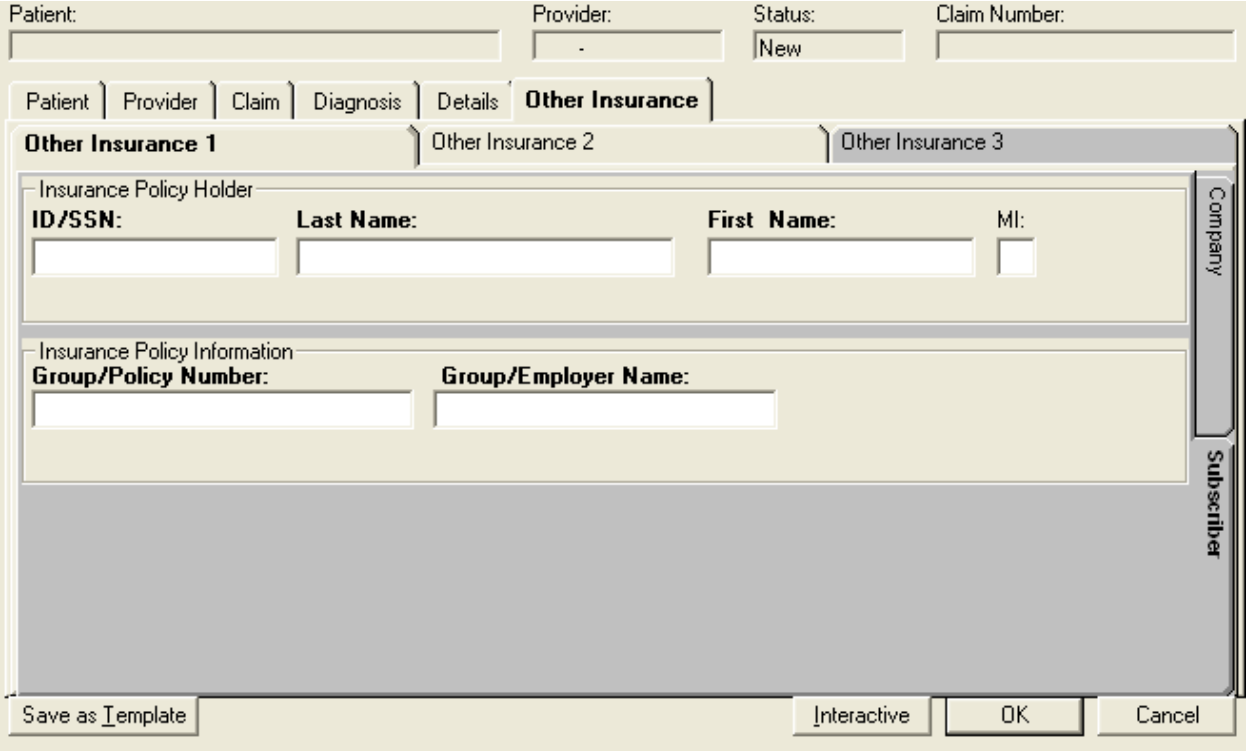


2. If the other insurance delays and does not reply (see the *Texas Medicaid Provider Procedures Manual*), click the **Delay Indicator** check box and enter the **Bill Date**.
3. If an **Adjustment Reason Code** is applicable, select it and enter the **Disposition Date** and paid amount (**Paid Amt**).
4. Input the **Other Insurance Company** information: **Company Name**, **Address**, **City**, **State**, **Zip Code** and phone number (**Phone No.**).
5. If a verbal denial was received from the other insurer, click the Verbal Denial check box and enter the date they were contacted (**Verbal Date**), the **Contact Name**, and a **Comment** regarding the conversation. The **Disposition** indicator on the Other Insurance tab can be used to indicate if the other insurer denied, did not file, paid, or issued no response.

18.2.6.2 Other Insurance Tab with Subscriber Sub-Tab

To enter information about the insured, open the **Subscriber** tab on the lower right side of the **Other Insurance** sub-tab.

Enter the **ID/SSN** (social security number), **Last Name**, **First Name**, **Group/Policy Number**, and **Group/Employer Name**.



18.3 Submitting and Retrieving Requests

There are two ways to submit Medicaid claims on *TDHconnect 3.0*, interactive or batch. An interactive claim is accepted or rejected online while you wait, but must be done one claim at a time. A batch of claims takes 24 hours (usually overnight) to be accepted or rejected, and can include one or many claims.

Note: *Accepted* claims do not guarantee payment, only that they are accepted for further processing and will be paid or denied at a later date.

18.3.1 Submit/Retrieve Interactive Requests

To submit and retrieve an interactive claim, click **Interactive** and within a few minutes the claim response, *accepted* or *rejected*, is displayed.

18.3.2 Submit/Retrieve Batch Requests

Note: Clicking **OK** does not send the request to TMHP. Clicking **OK** stores the request in *Completed* status on YOUR database only. You must do all four steps listed below to send and retrieve batch requests.

18.3.2.1 Submit a Batch Request

1. Fill out the claim and click **OK**. Repeat for each claim. Claims are stored in *Completed* status on your database.
2. Click **Cancel** to exit Claims and go back to the ***TDHconnect System Totals*** window.
3. In the ***TDHconnect System Totals*** window, open the **Send Requests** tab.
4. Select the check box for **Medicaid Claims** in the **Send** column.
5. Click **Submit**. Requests are changed to *Submitted* status and are sent to TMHP.

18.3.2.2 Retrieve Responses to a Batch Request

1. 24 hours after request submission, go to the **TDHconnect 3.0 System Totals** window and open the **Retrieve Responses** tab.
2. Select the check box for **Claims** in the **Download** column.
3. Click **Download**. Requests are now changed to *Processed* status.
4. To view the downloaded response, double click **Claims** under the **Medicaid** folder in ***TDHconnect Explorer***, then double click the response.

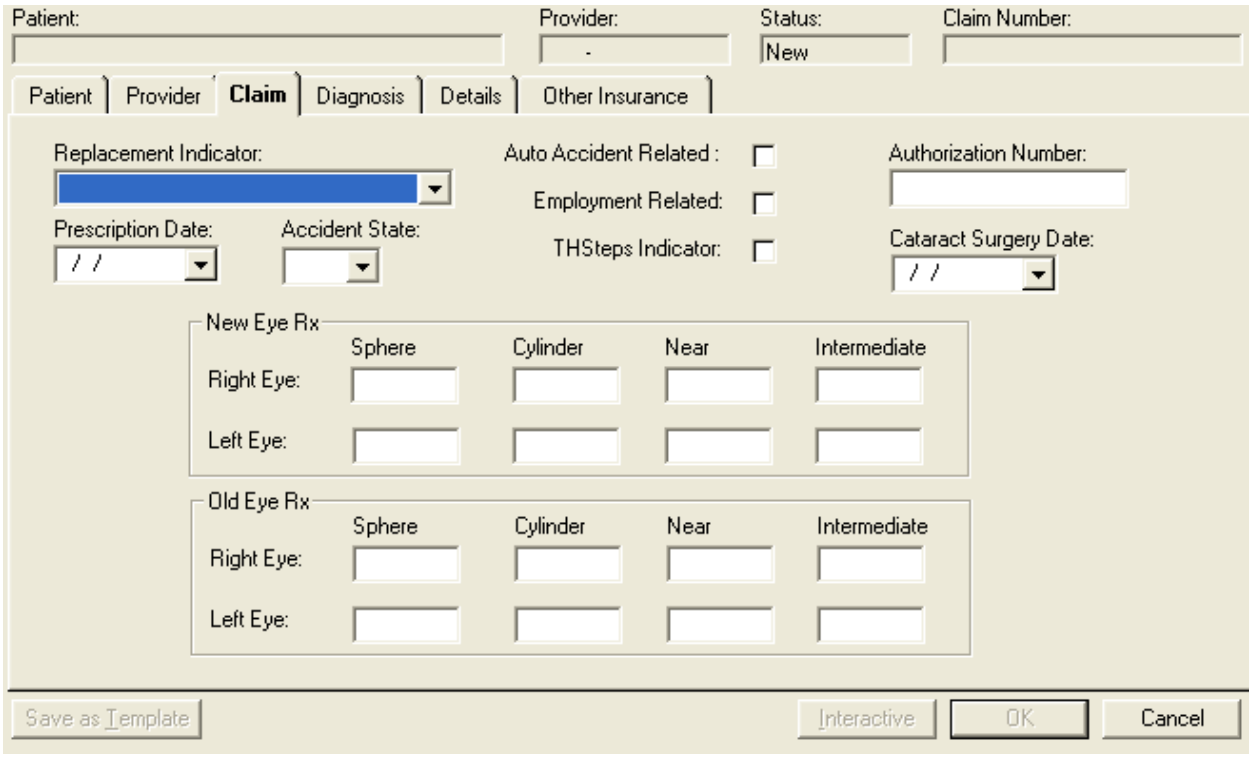
18.4 Eyeglass Claims

After double-clicking **Claims** under **Medicaid**, click the **Eyeglass** icon, or click **File→New→Eyeglass**.

Note: The **Patient** tab, **Provider** tab, **Diagnosis** tab, and **Other Insurance** tab are identical to the professional (837P) claim previously covered. The **Claim** tab and **Details** tab are described below.

18.4.1 Claim Tab

Note: Eyeglass claims require eyeglass-specific information.

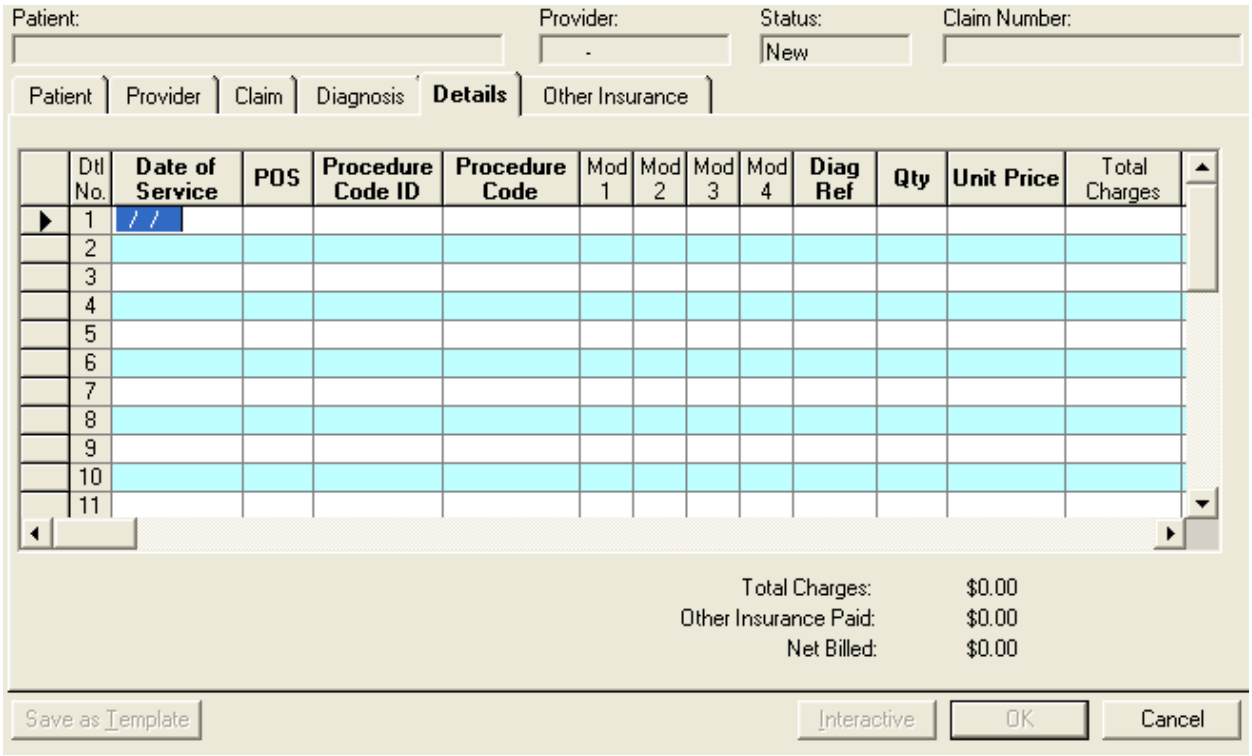


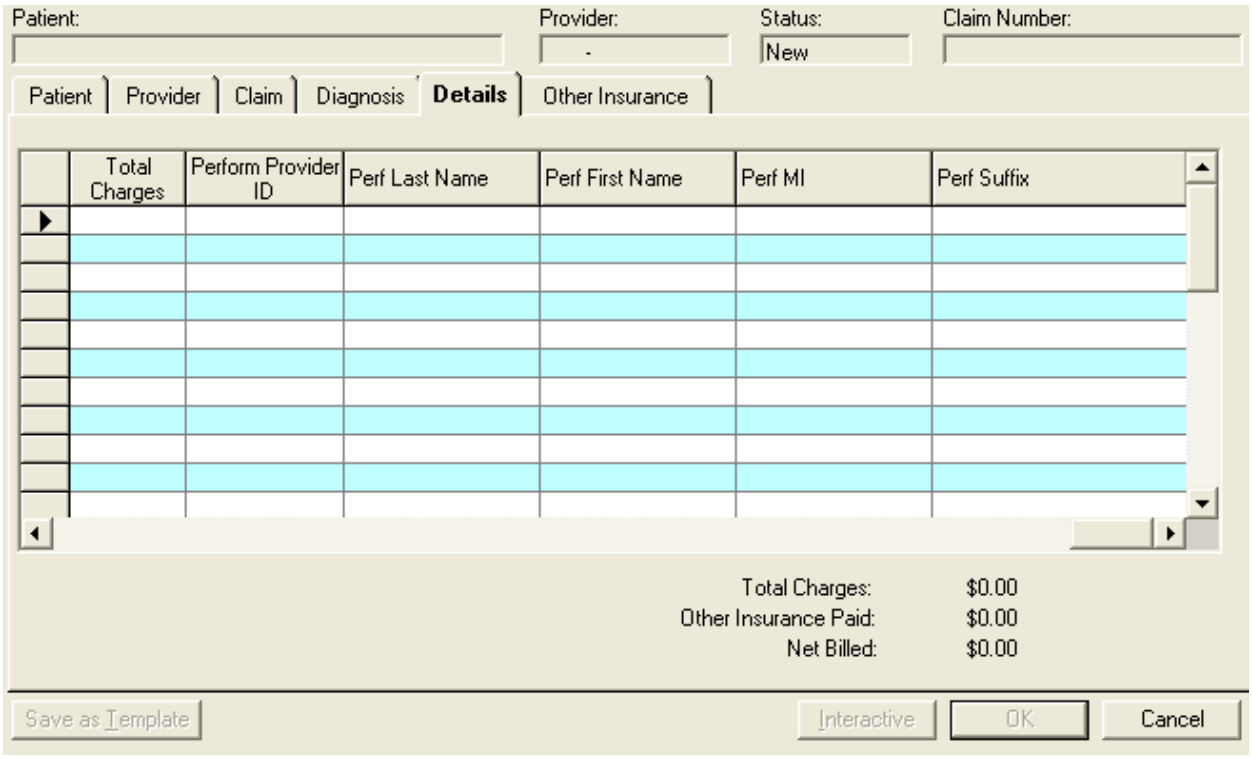
18.4.2 Details Tab

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

1. Select the **Details** tab and enter the date of service in **MM/DD/YYYY** format.
2. Tab to the **POS** column and use the drop-down box to select place of service (POS).
3. Click inside the **Procedure Code ID** field and use the drop-down box to select the type of procedure code (HCPCS; HIEC; National Drug Code in 4-4-2 format or 5-3-2 format or 5-4-1 format or 5-4-2 format; or Mutually Defined).
4. Input the **Procedure Code**. If needed, press **<F2>** to bring up procedure codes in the reference files for assistance. Type of Service (TOS) is automatically inserted by C21 based on procedure code entered.
5. Input any needed modifier codes (**Mod 1** through **Mod 4**).
6. Input the diagnosis reference (**Diag Ref**) to refer to the most important diagnosis code entered on the **Diagnosis** tab.
7. Input the quantity (**Qty**) and **Unit Price**. The **Total Charges** are calculated.
8. Use the scroll bar to gain access to the fields on the right hand side of the window.

If the provider is a member of a group, enter the nine-digit performing provider number (**Perform Provider ID**) and name (**Perf Last Name**).




Patient:
Provider:
-
Status:
New
Claim Number:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Total Charges
Perform Provider ID
Perf Last Name
Perf First Name
Perf MI
Perf Suffix
Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00
Save as Template
Interactive
OK
Cancel

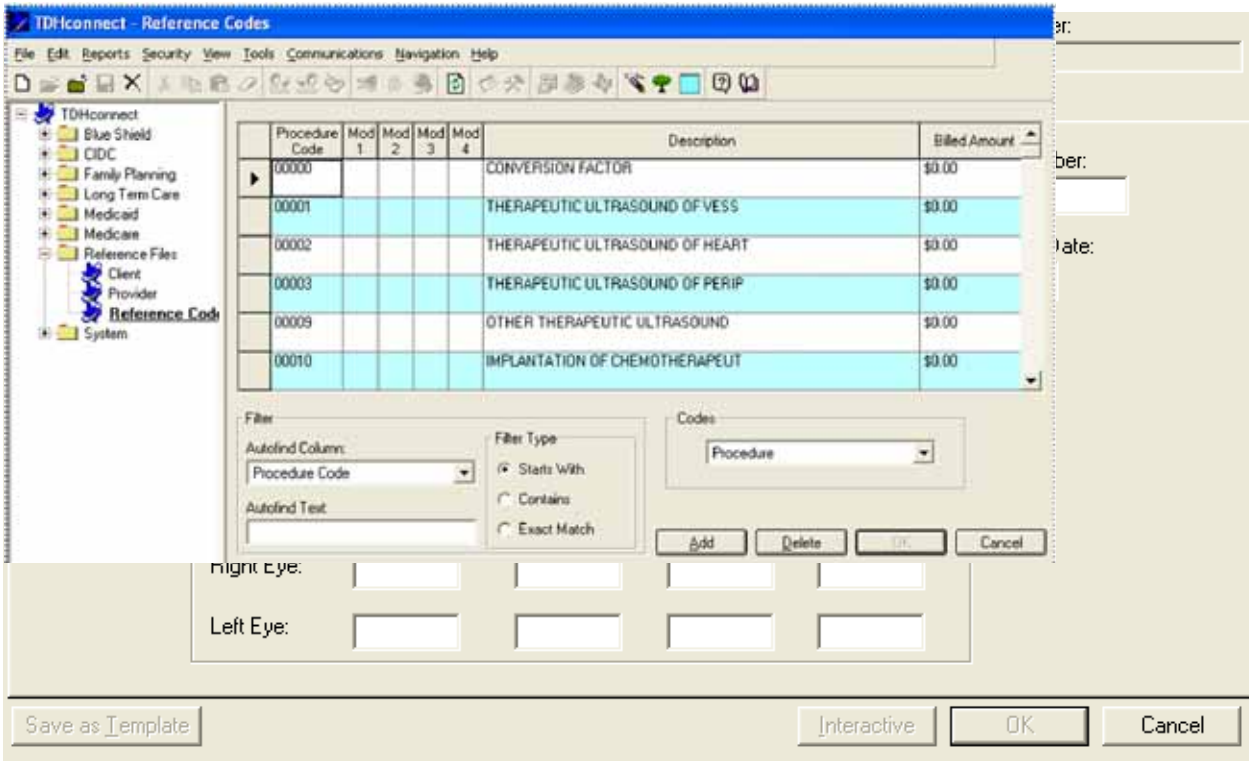
18.5 Dental Claims

To fill out a dental claim (HIPAA transaction 837D), double-click **Claims** in the **Medicaid** folder, then click the **Dental** icon in the upper left-hand corner of the screen, or click **File→New→Dental**.

Note: The **Patient** tab, **Provider** tab, and **Other Insurance** tab are identical on the professional (837P) claim previously covered. The **Claim** tab and **Details** tab are described below.

18.5.1 Claim Tab

Note: Dental claims require dental-specific information on the **Claim** tab.

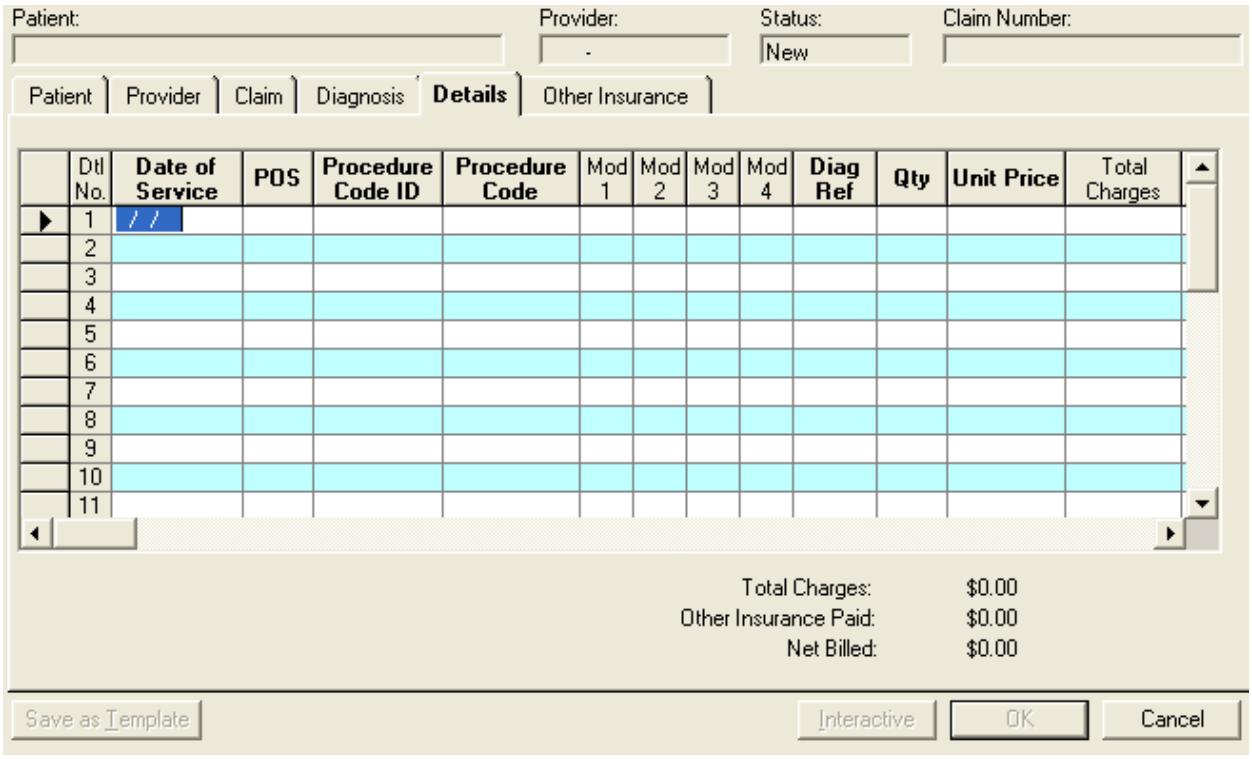


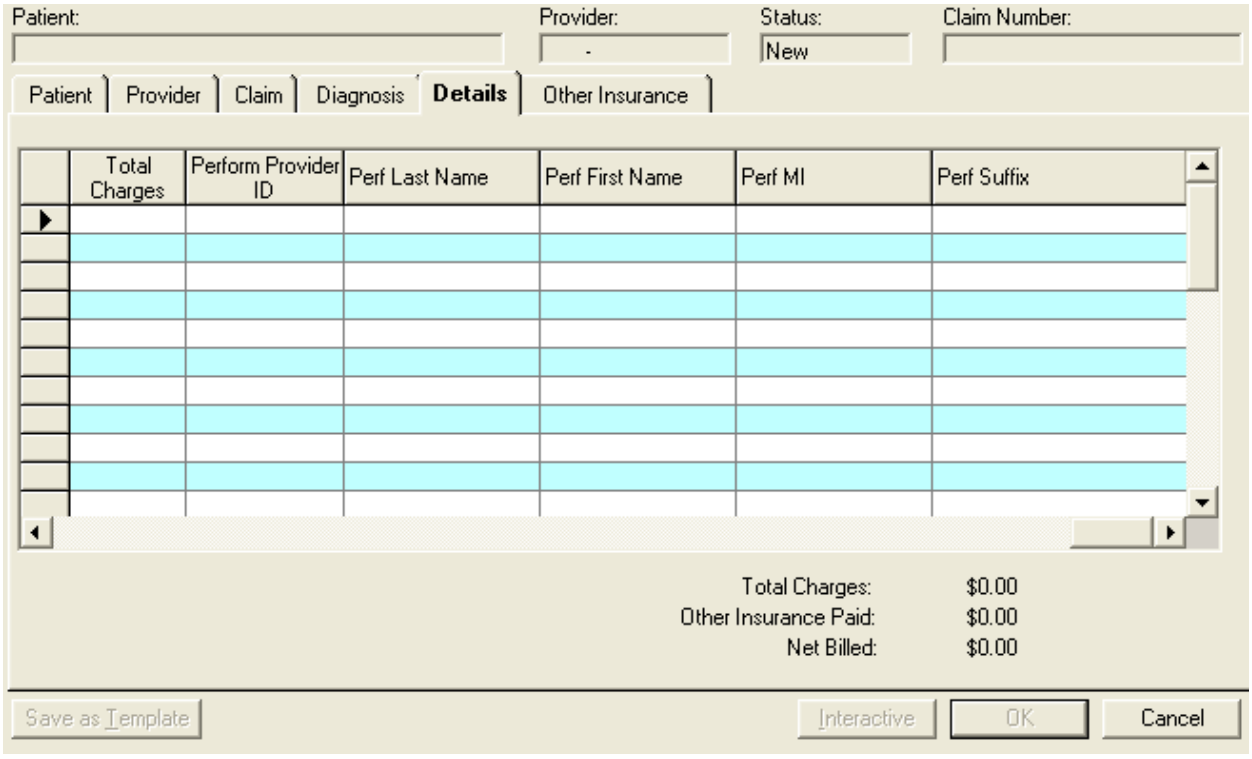
18.5.2 Details Tab

Dental claims require dental-specific information on the **Details** tab.

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area

.


Patient:
Provider:
-
Status:
New
Claim Number:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Dtl No.
Date of Service
POS
Procedure Code ID
Procedure Code
Mod 1
Mod 2
Mod 3
Mod 4
Diag Ref
Qty
Unit Price
Total Charges
1
2
3
4
5
6
7
8
9
10
11
Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00
Save as Template
Interactive
OK
Cancel


Patient:
Provider:
-
Status:
New
Claim Number:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Total Charges
Perform Provider ID
Perf Last Name
Perf First Name
Perf MI
Perf Suffix
Total Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00
Save as Template
Interactive
OK
Cancel

18.6 Inpatient Claims

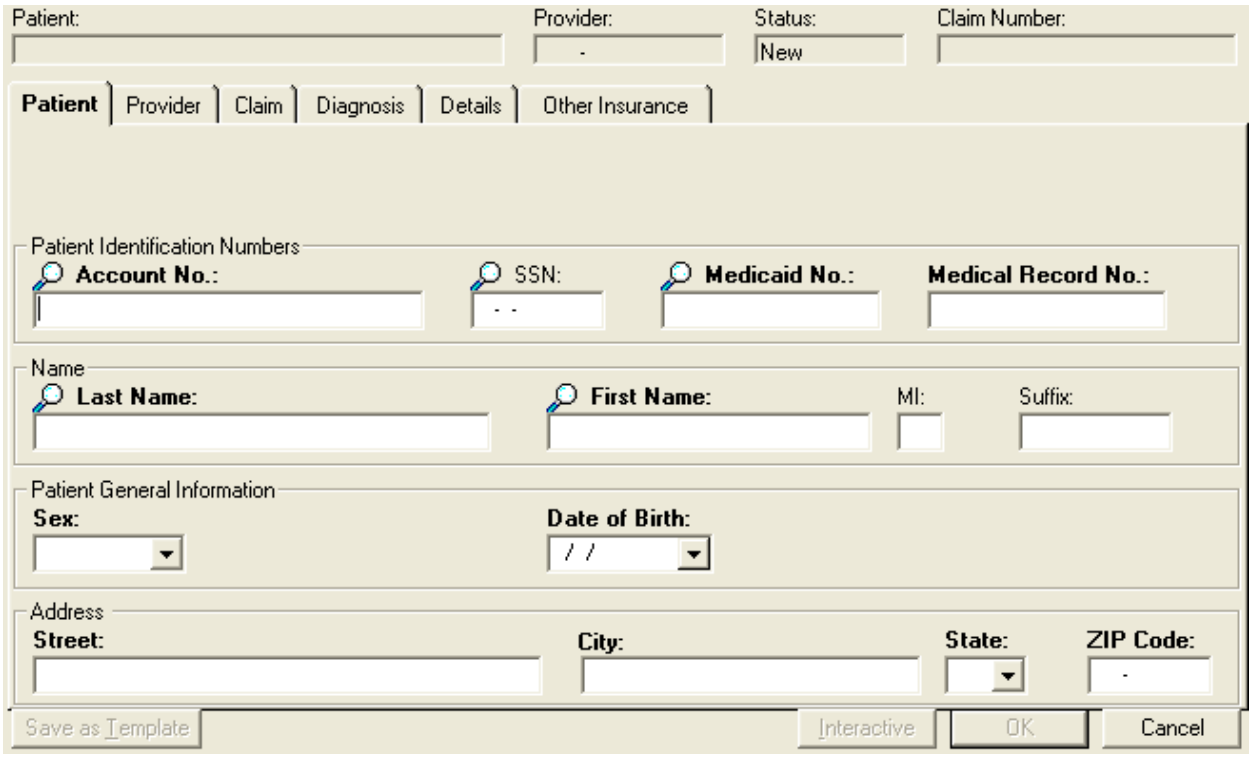
To fill out an inpatient claim (HIPAA transaction 837I), double-click **Claims** in the **Medicaid** folder, then click the **Inpatient** icon, or click **File→New→Inpatient**.

Note: The **Other Insurance** tab is identical on the professional (837P) claim previously covered. The **Patient** tab, **Provider** tab, **Claim** tab, **Diagnosis** tab, and **Details** tab are described below.

18.6.1 Patient Tab

Required fields:

- **Account No., Medicaid No.**, and provider-defined **Medical Record No.**
- **Last Name** and **First Name**
- **Sex**, **Date of Birth**, **Street Address**, **City**, **State**, and **Zip Code**



18.6.2 Provider Tab

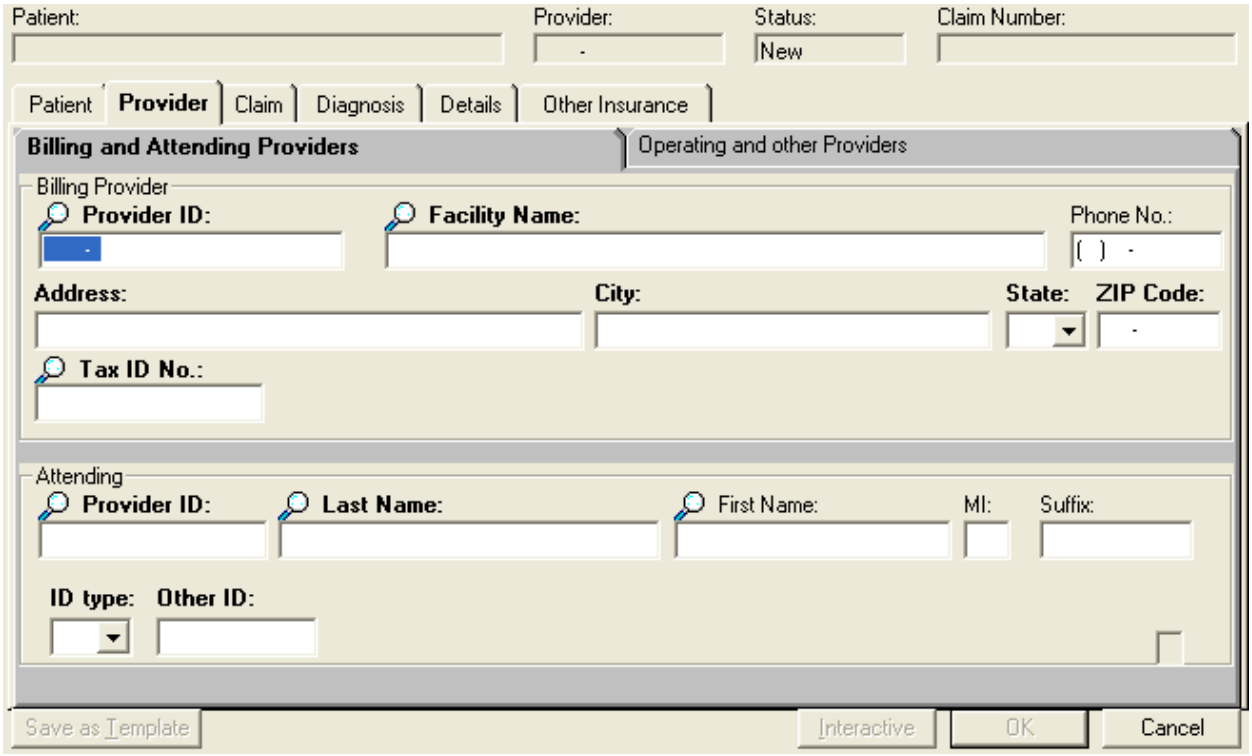
The **Provider** tab has two sub-tabs within it:

- **Billing and Attending Providers**
- **Operating and Other Providers**

18.6.2.1 Billing and Attending Providers Sub-Tab

Required fields:

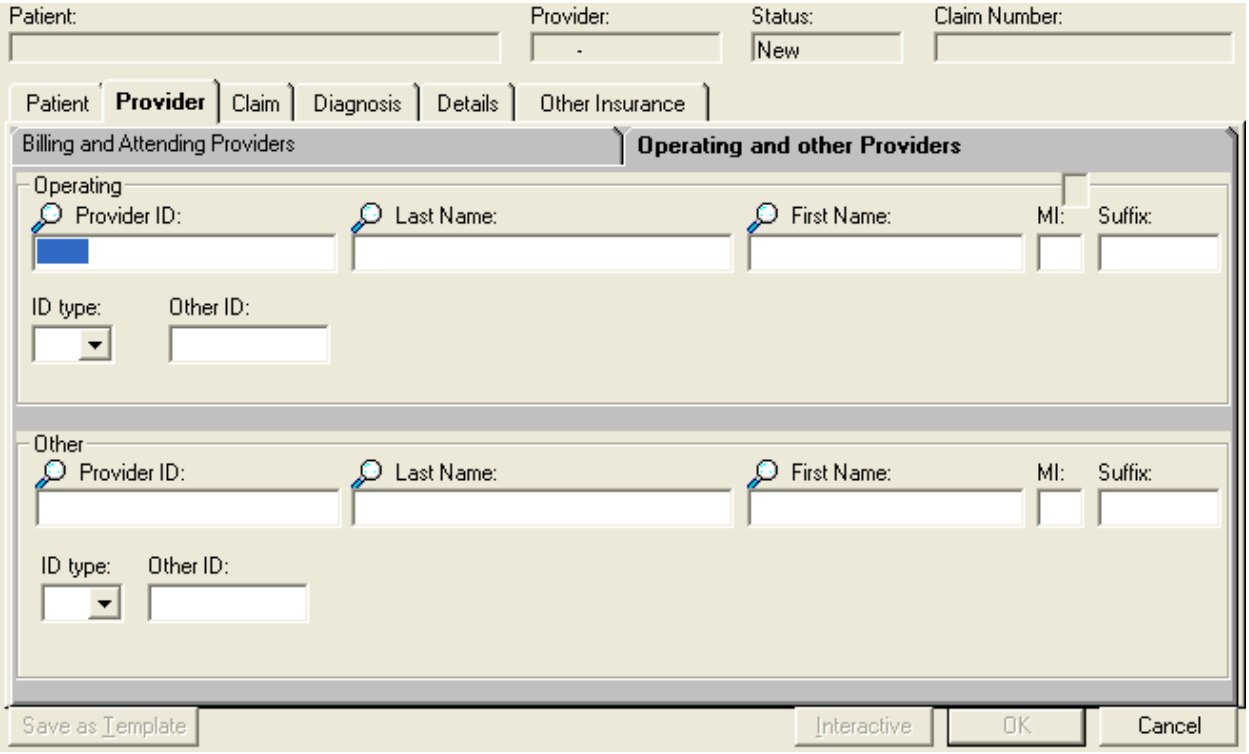
- Billing Provider's **Provider ID**, **Facility Name**, **Address**, **City**, **State**, **Zip Code**, and **Tax ID No.**
- Attending Provider's **Provider ID**, **Last Name**, **First Name**, **ID Type** (Employer ID or Social Security No.), and **Other ID** (corresponding to ID type).



18.6.2.2 Operating and Other Provider Sub-Tab

Required fields (if applicable):

- Operating **Provider ID**, **Last Name**, and **First Name**
- The **Other Provider ID**, **Last Name**, and **First Name**



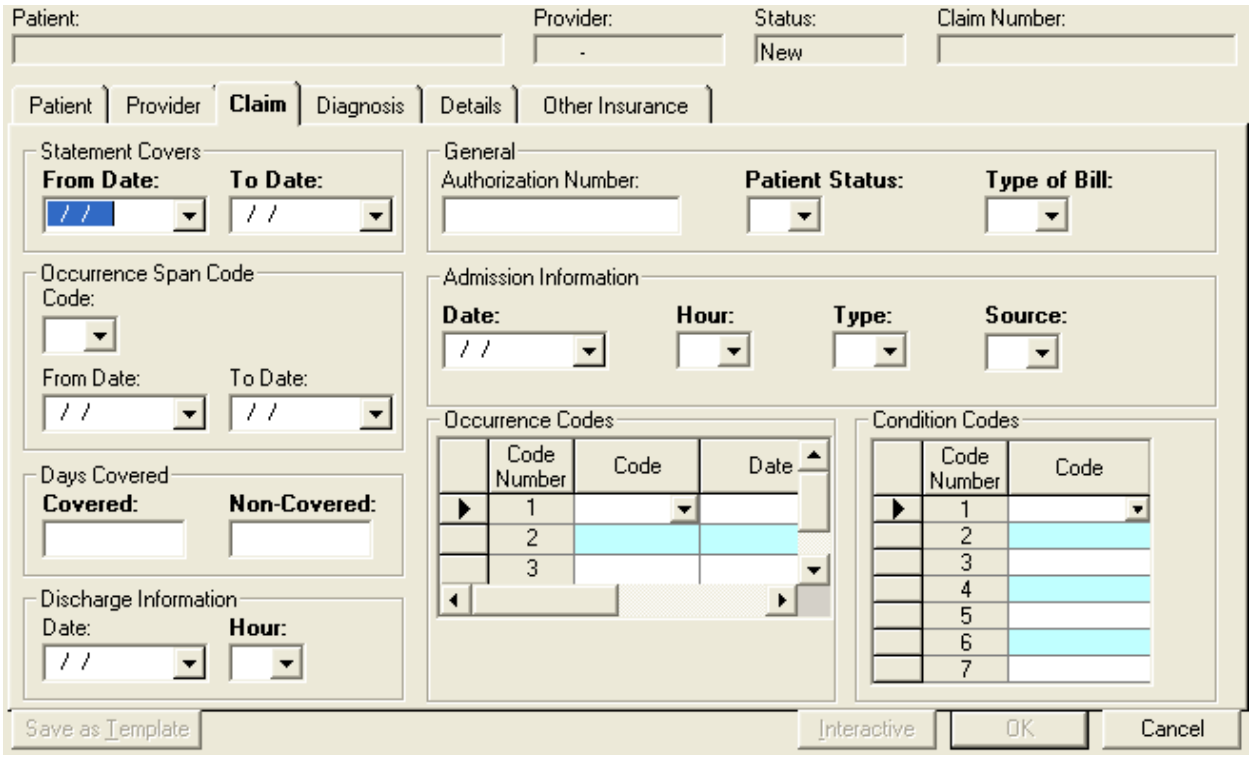
18.6.3 Claim Tab

Click the **Claim** tab to enter claim data.

Required fields:

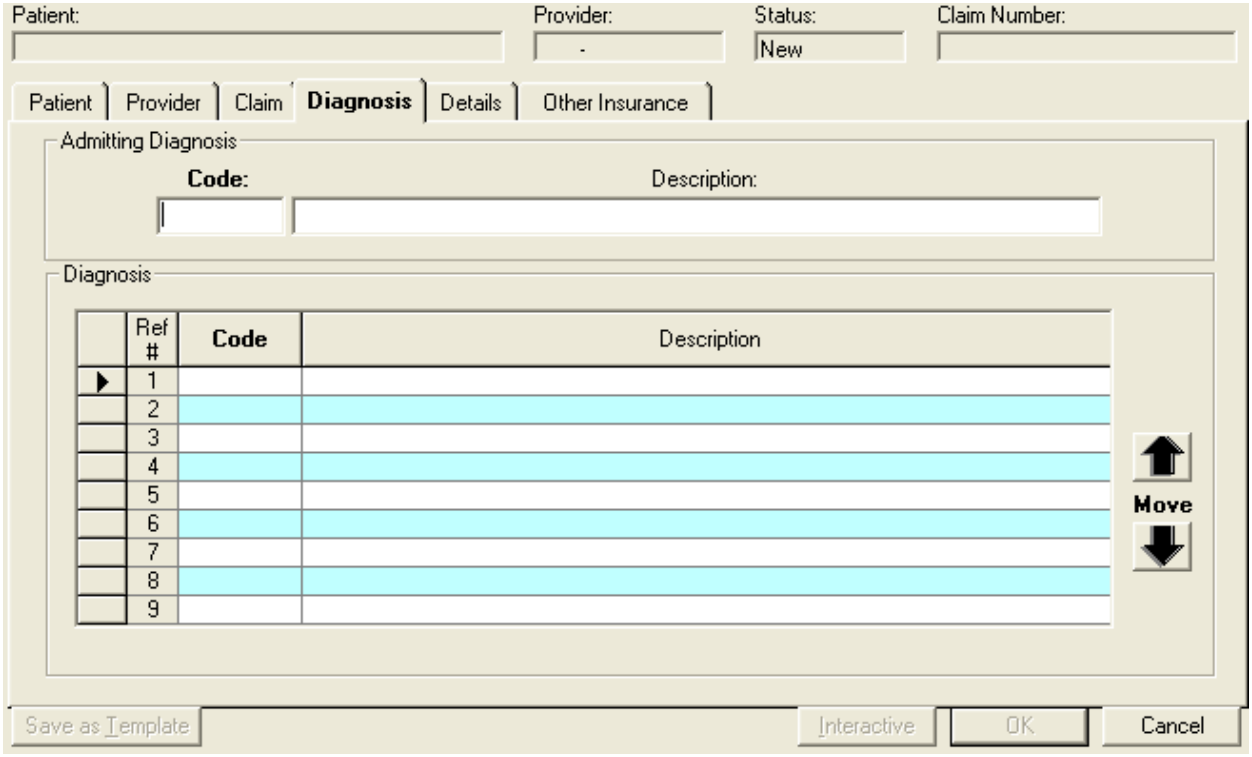
- **From Date** and **To Date**
- **Authorization Number** (if needed), **Patient Status**, and **Type of Bill**
- Admission **Date**, **Hour**, **Type**, and **Source**
- Days **Covered** and **Non-Covered**
- **Discharge Hour**.

Include any applicable **Occurrence Codes** and **Dates**, and any applicable **Condition Codes**.


Patient:
Provider:
Status:
New
Claim Number:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Statement Covers
From Date:
To Date:
General
Authorization Number:
Patient Status:
Type of Bill:
Occurrence Span Code
Code:
From Date:
To Date:
Admission Information
Date:
Hour:
Type:
Source:
Days Covered
Covered:
Non-Covered:
Occurrence Codes
Code Number
Code
Date
Condition Codes
Discharge Information
Date:
Hour:
Save as Template
Interactive
OK
Cancel

18.6.4 Diagnosis Tab

Click the **Diagnosis** tab to enter diagnoses. At least one diagnosis code is required.



18.6.5 Details Tab

The **Details** tab has three sub-tabs: **Accommodation Details**, **Ancillary Details**, and **Surgery Details**.

18.6.5.1 Accommodation Details

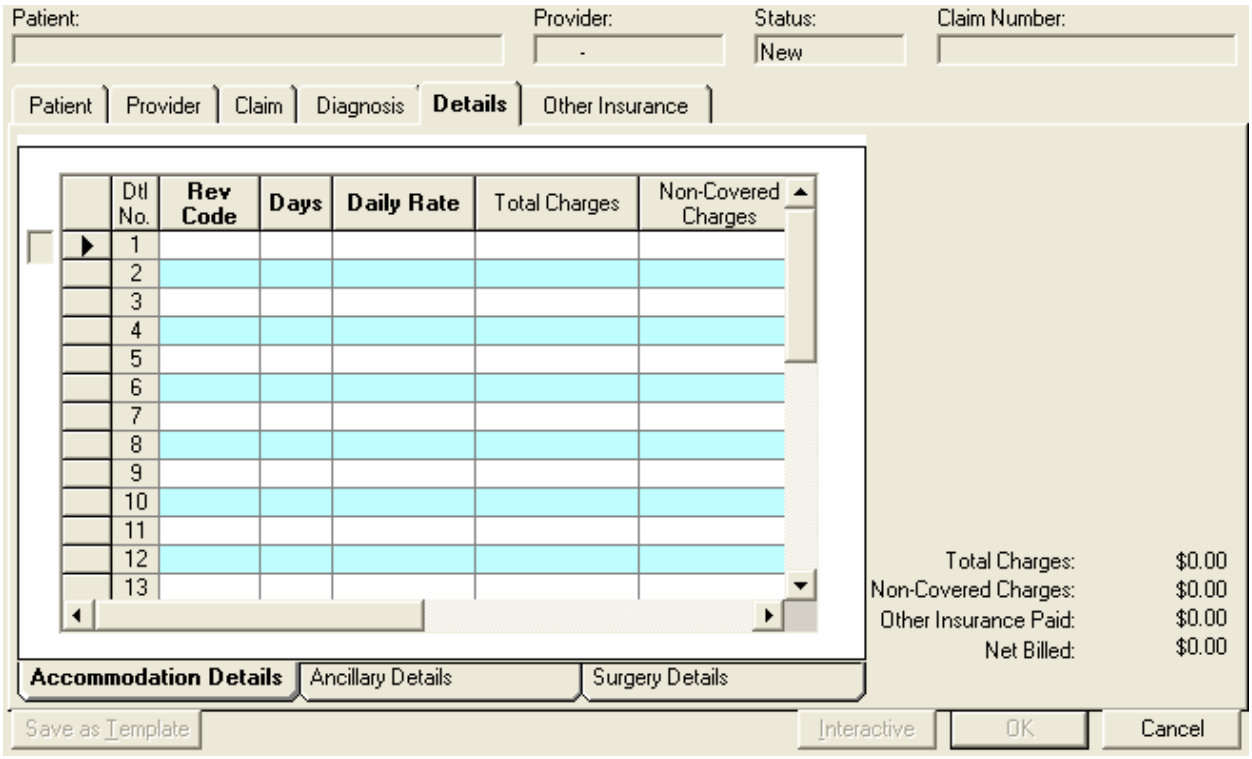
To enter data for accommodations, open the **Accommodation Details** sub-tab.

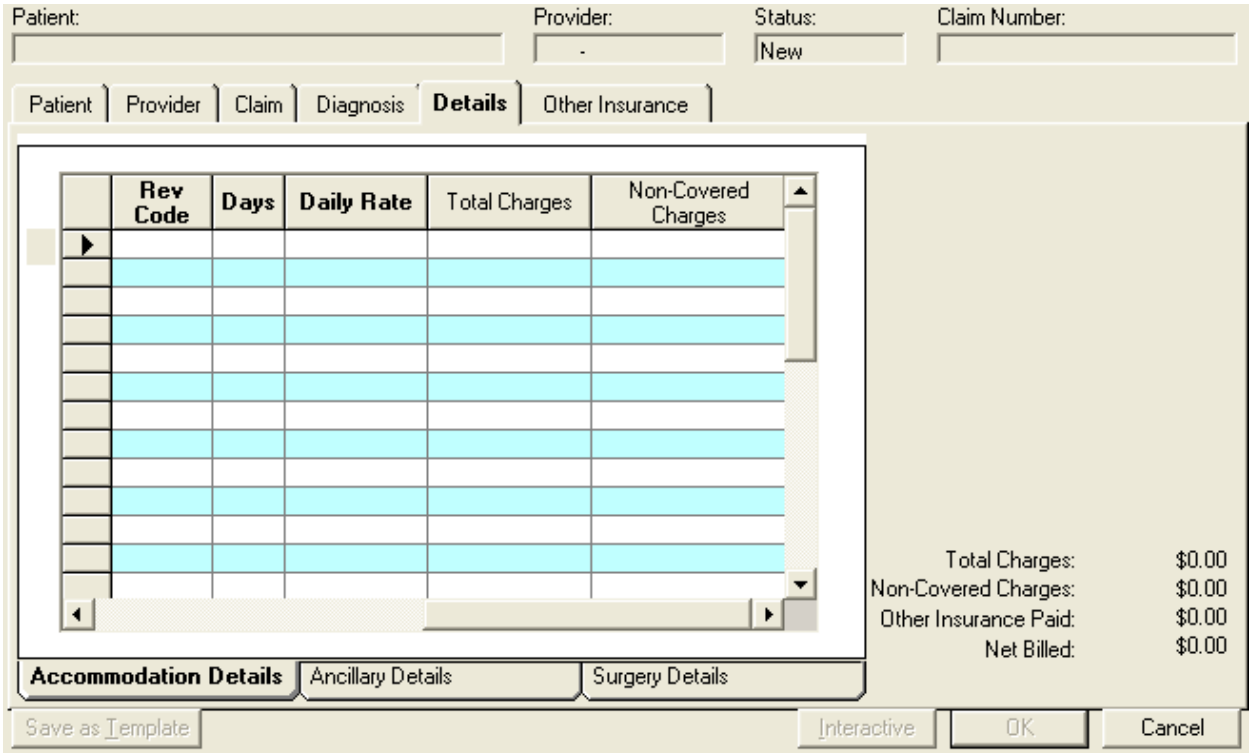
Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

Required fields:

- Revenue code (**Rev Code**)
- **Days**
- **Daily Rate**

Non-Covered Charges may be used to report specific non-covered amounts


Patient:
Provider:
-
Status:
New
Claim Number:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Dtl No.
Rev Code
Days
Daily Rate
Total Charges
Non-Covered Charges
1
2
3
4
5
6
7
8
9
10
11
12
13
Total Charges: $0.00
Non-Covered Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00
Accommodation Details
Ancillary Details
Surgery Details
Save as Template
Interactive
OK
Cancel


Patient:
Provider:
-
Status:
New
Claim Number:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Rev Code
Days
Daily Rate
Total Charges
Non-Covered Charges
Total Charges: $0.00
Non-Covered Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00
Accommodation Details
Ancillary Details
Surgery Details
Save as Template
Interactive
OK
Cancel

18.6.5.2 Ancillary Details

Click the **Ancillary Details** sub-tab of the **Details** tab to enter Ancillary charges.

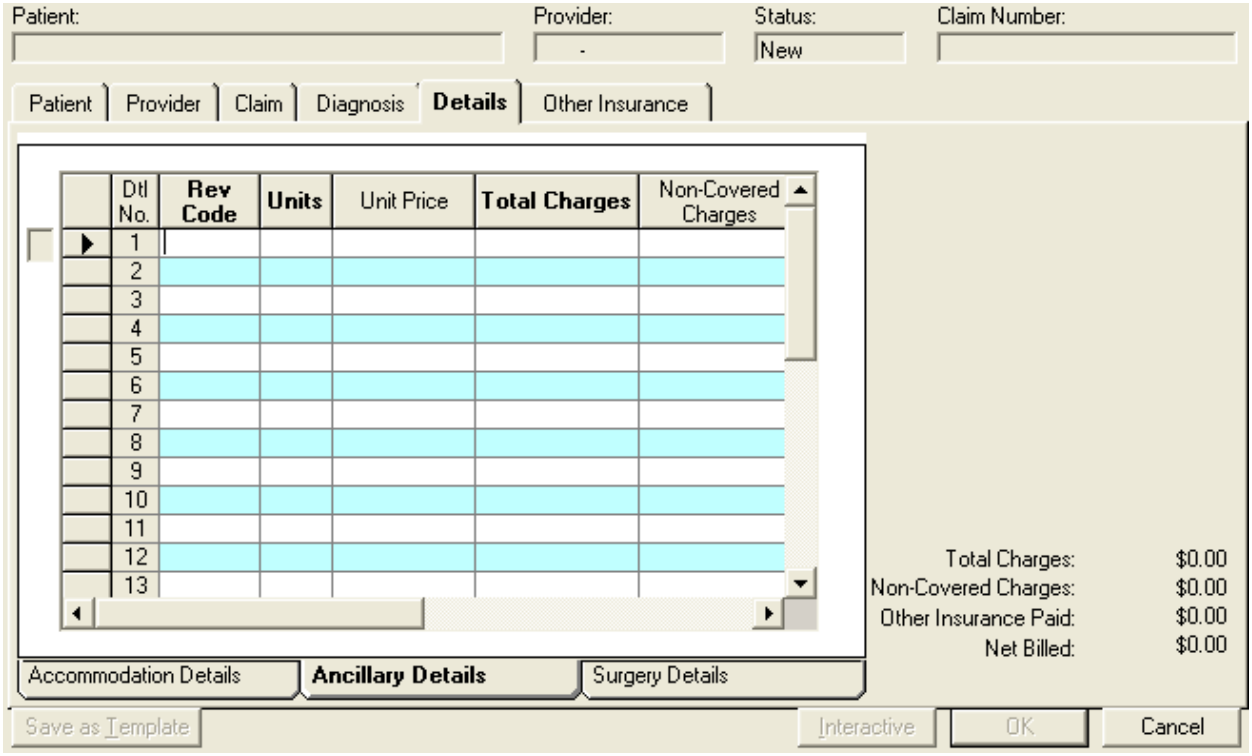
Note: This window is shown in two graphics to display all of the scrolling area.

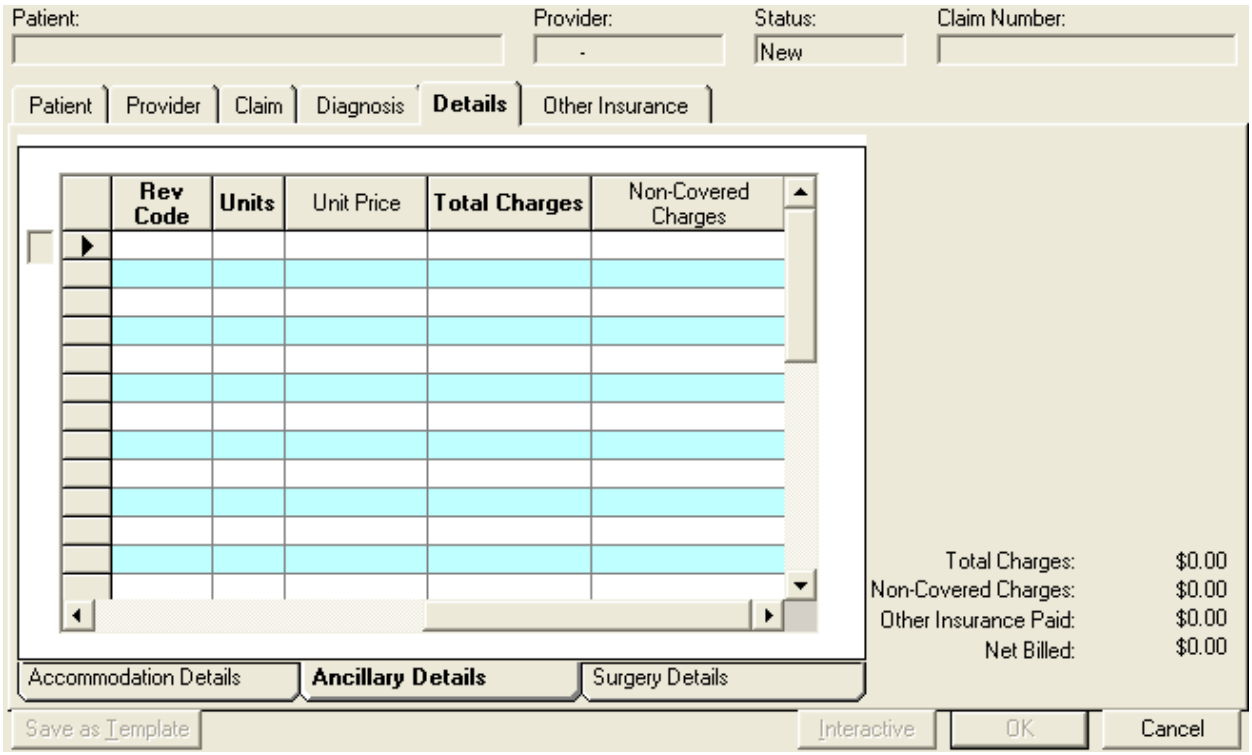
Required fields:

- Revenue codes (**Rev Code**)
- **Units**
- **Total Charges**

Unit Price is required for revenue codes 100-219.

Non-Covered Charges may be used to report line specific non-covered amounts.



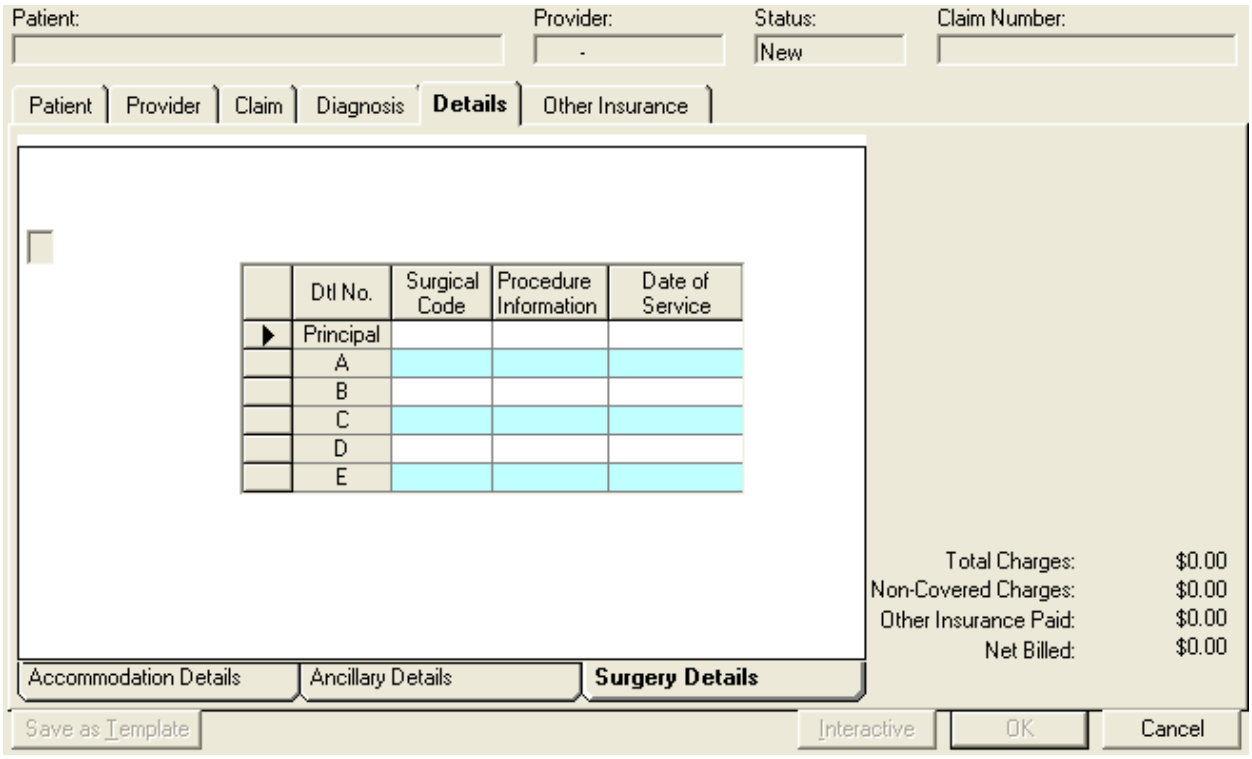

Patient:
Provider:
-
Status:
New
Claim Number:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Rev Code
Units
Unit Price
Total Charges
Non-Covered Charges
Total Charges: $0.00
Non-Covered Charges: $0.00
Other Insurance Paid: $0.00
Net Billed: $0.00
Accommodation Details
Ancillary Details
Surgery Details
Save as Template
Interactive
OK
Cancel

18.6.5.3 Surgery Details

Click the **Surgery Details** sub-tab of the **Details** tab to enter surgery charges.

Optional fields:

- **Surgical Code**
- **Procedure Information** (HCPCS or ICD-9 code)
- **Date of Service**



18.7 Outpatient Claims

To fill out an outpatient claim (HIPAA transaction 837I), double-click **Claims** in the **Medicaid** folder, and then click the **Outpatient** icon, or click **File→New→Outpatient**.

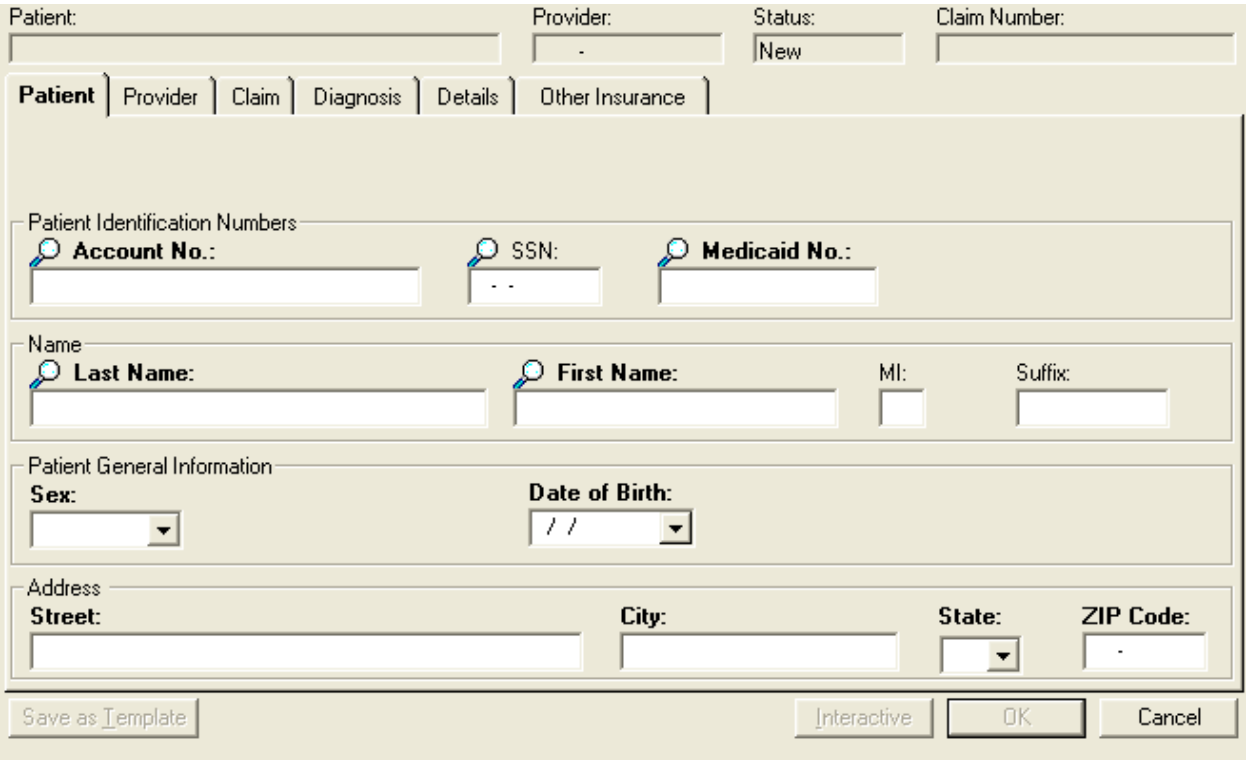
The **Diagnosis** tab and **Other Insurance** tab is identical on the Professional (837P) claim previously covered. The **Patient** tab, **Claim** tab, and **Details** tab are described in the following sections.

18.7.1 Patient Tab

Required fields:

- **Account No., Medicaid No.**, and provider-defined **Medical Record No.**
- **Last Name** and **First Name**

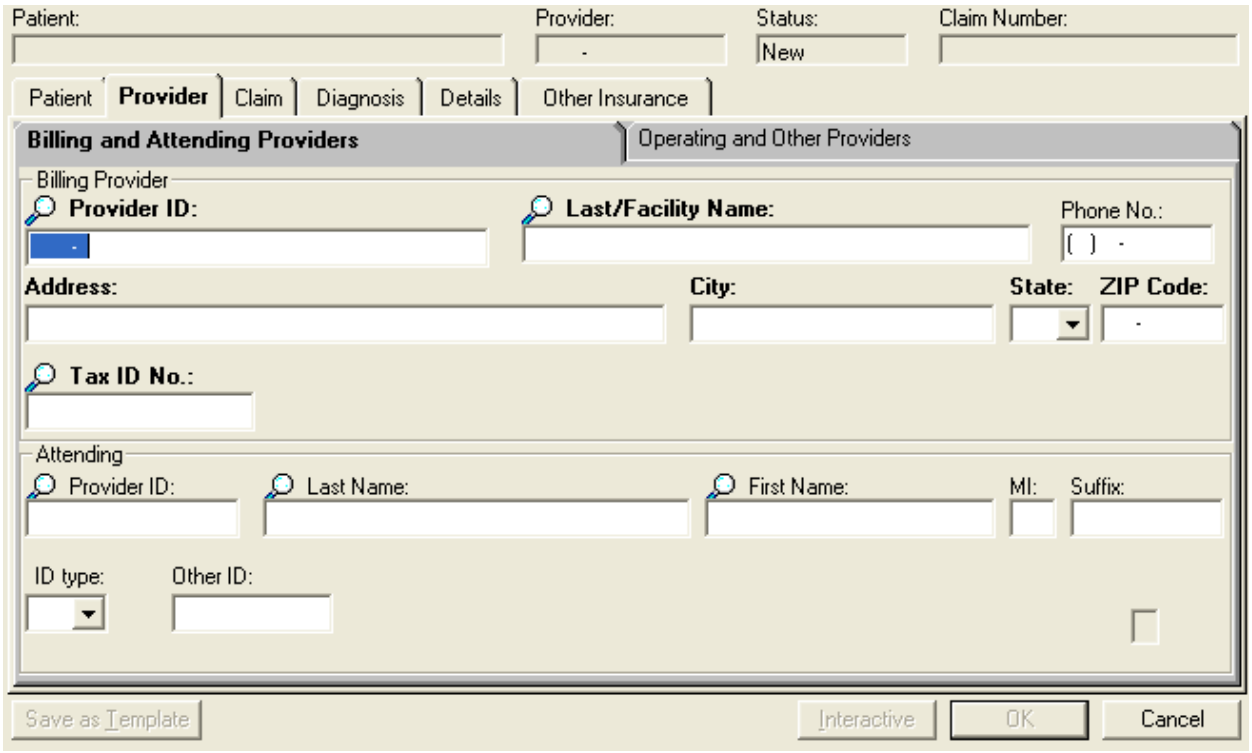
Sex, **Date of Birth**, **Street Address**, **City**, **State**, and **Zip Code**



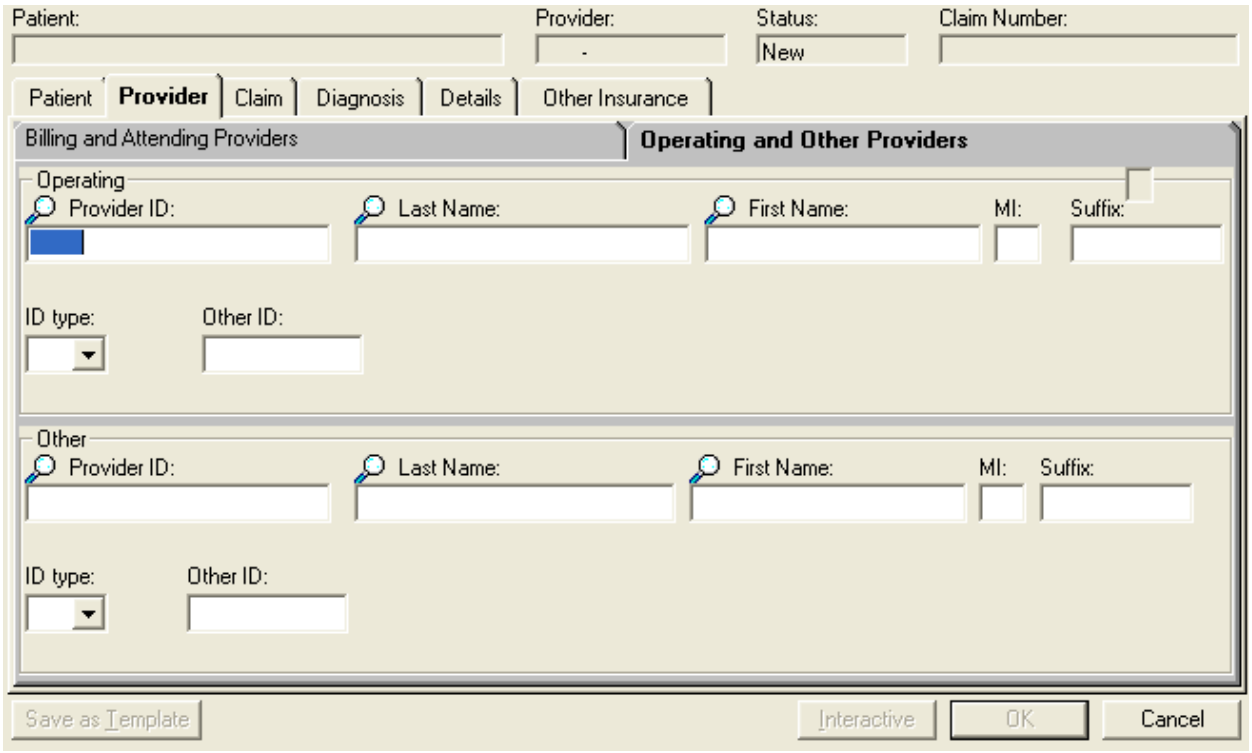
18.7.2 Provider Tab

The Provider tab has two sub-tabs, **Billing and Attending Providers** and **Operating and Other Providers**.

18.7.2.1 Billing and Attending Providers



18.7.2.2 Operating and Other Providers



18.7.3 Claim Tab

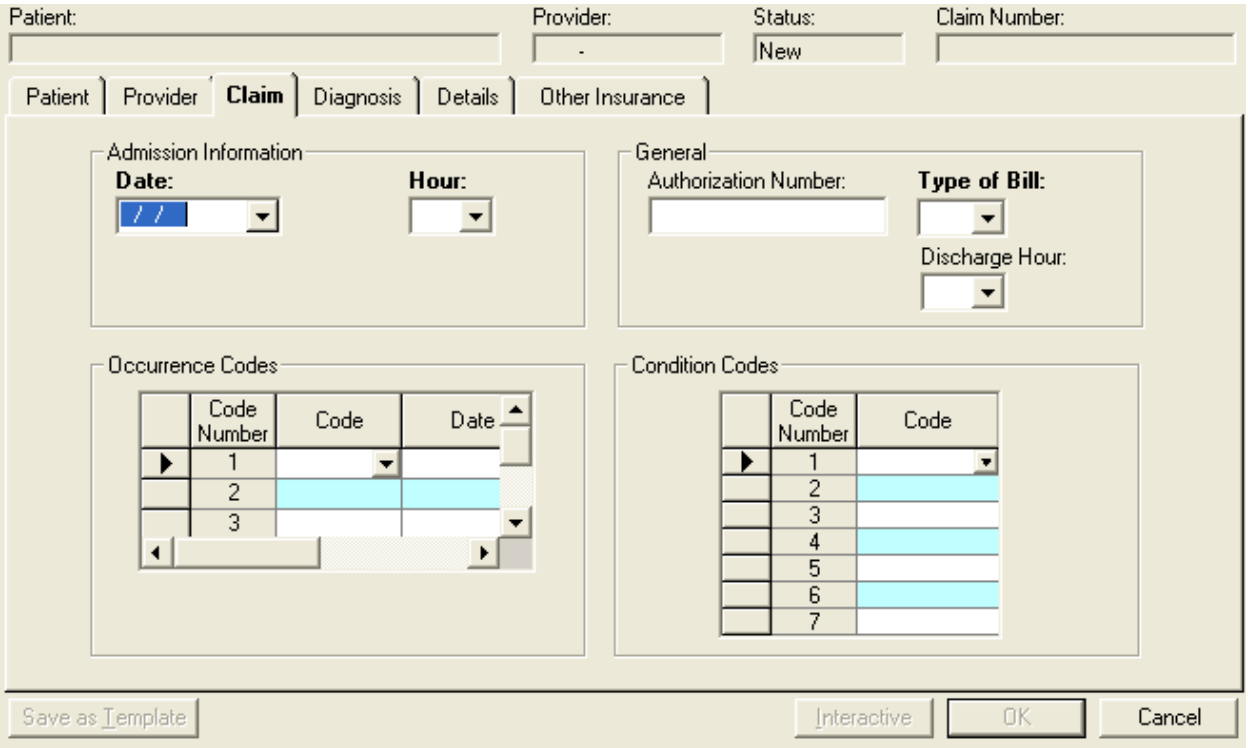
Click the **Claim** tab to enter claim information.

Required fields:

- Admission **Date** and **Hour**
- **Type of Bill**

Optional fields:

- **Authorization Number**
- **Discharge Hour**
- **Occurrence Codes** and **dates**
- **Condition Codes**



18.7.4 Details Tab

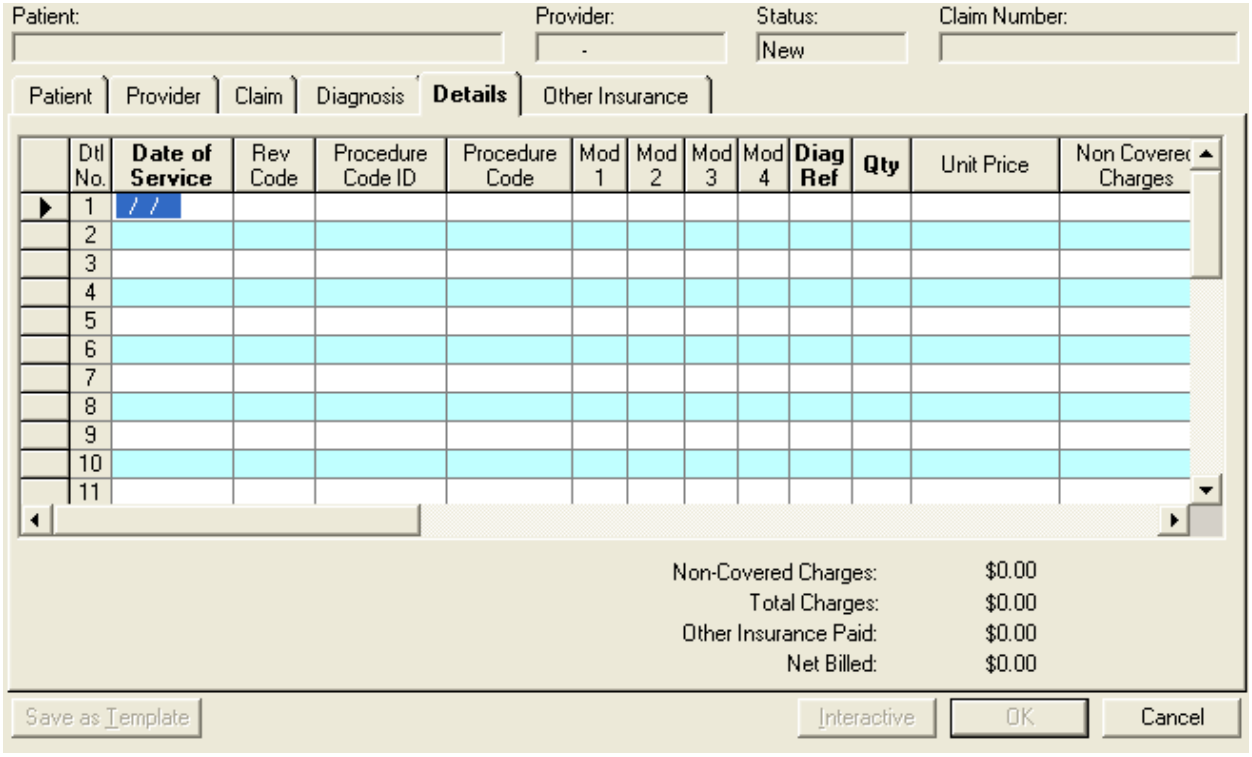
Click the **Details** tab to enter details information.

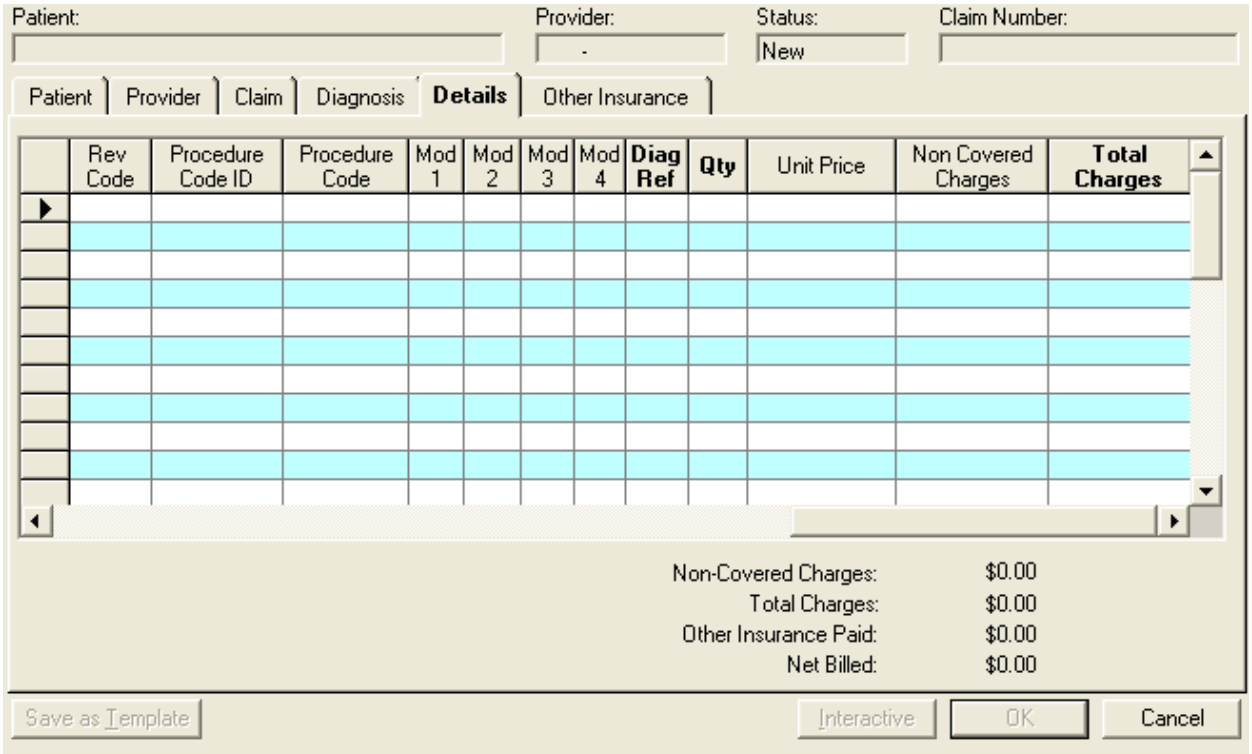
Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.

Required fields:

- **Date of Service**
- Diagnosis reference (**Diag Ref**)
- Quantity (**Qty**)
- **Total Charges**

- **Procedure Code ID** is the type of procedure code such as HCPCS; HIEC; National Drug Code in 4-4-2 format or 5-3-2 format or 5-4-1 format or 5-4-2 format; or Mutually Defined.





18.8 Family Planning Claims

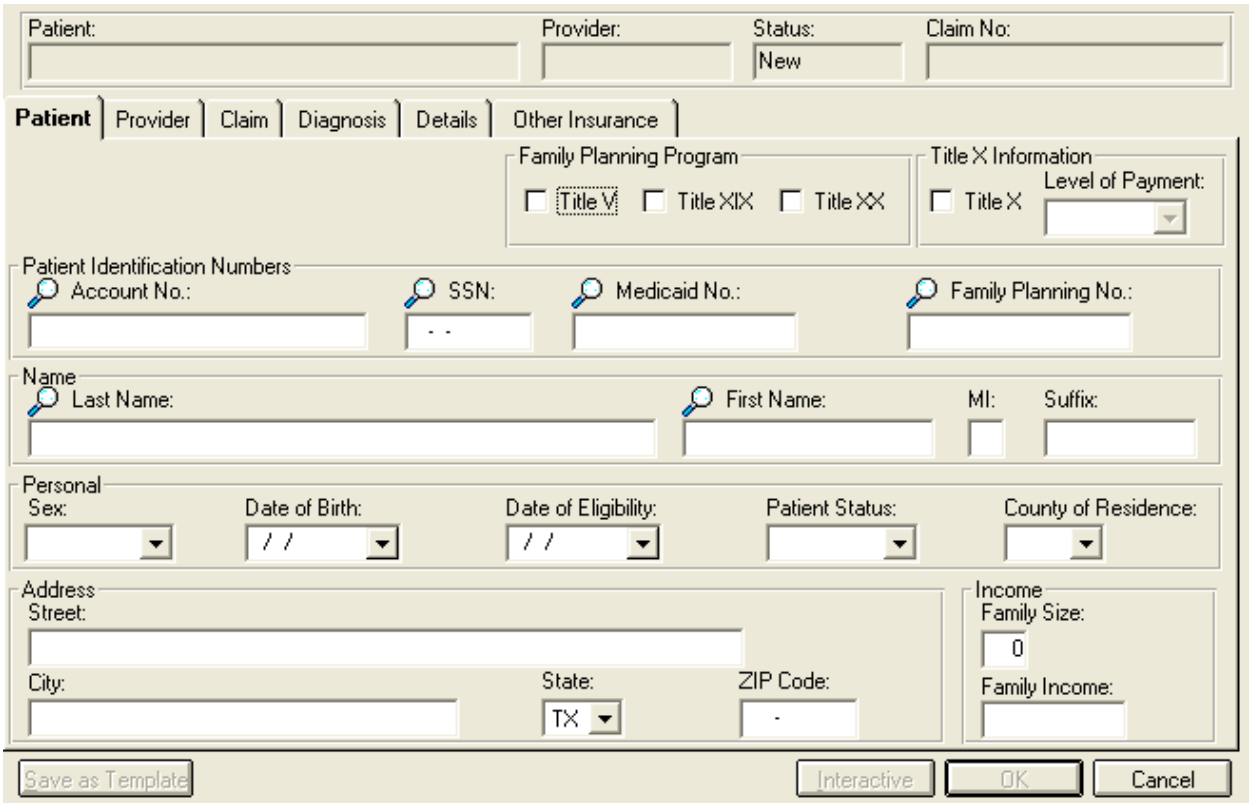
To fill out a Family Planning claim (2017 form), double-click **Family Planning** to expand the folder, double-click **Claims**, and then click the **Create New Claim** icon on the TDHconnect toolbar, or select **File→New** from the TDHconnect menu bar.

The **Diagnosis** tab and **Other Insurance** tab is identical on the Professional (837P) claim previously covered. The **Patient** tab, **Provider** tab, **Claim** tab, and **Details** tab are described in the following sections.

18.8.1 Patient Tab

Click the **Patient** tab to enter patient information.

Required fields appear in **BOLD** text after the appropriate **Family Planning Program** is selected.

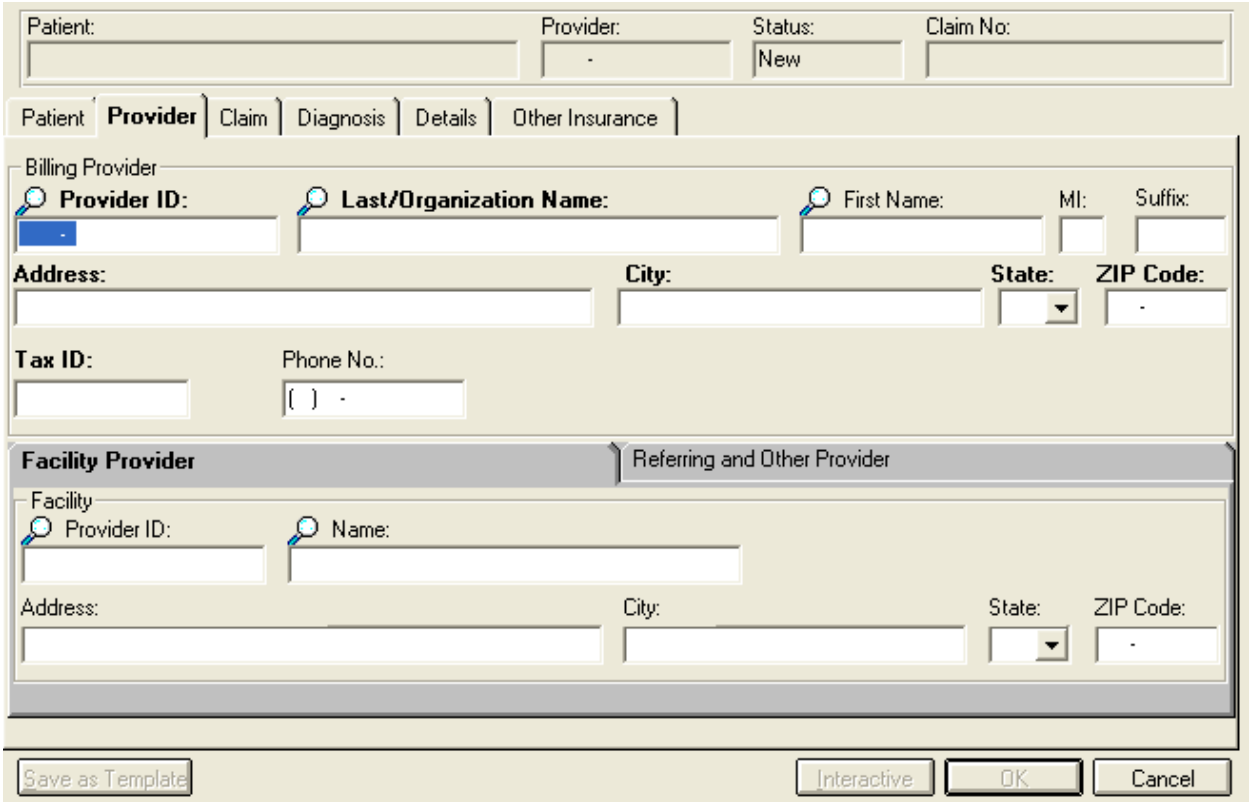


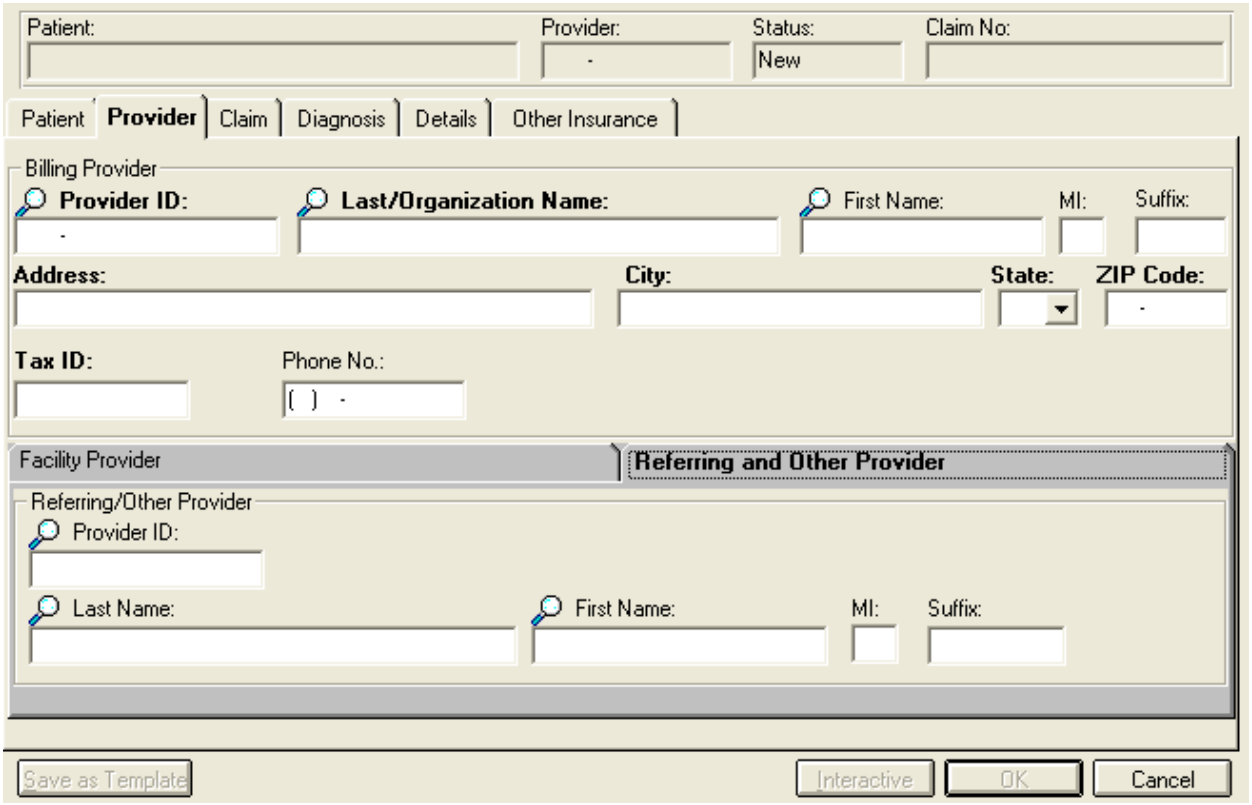
18.8.2 Provider Tab

Click the **Provider** tab has two sub-tabs, **Facility Provider** and **Referring and Other Provider**.

Required fields:

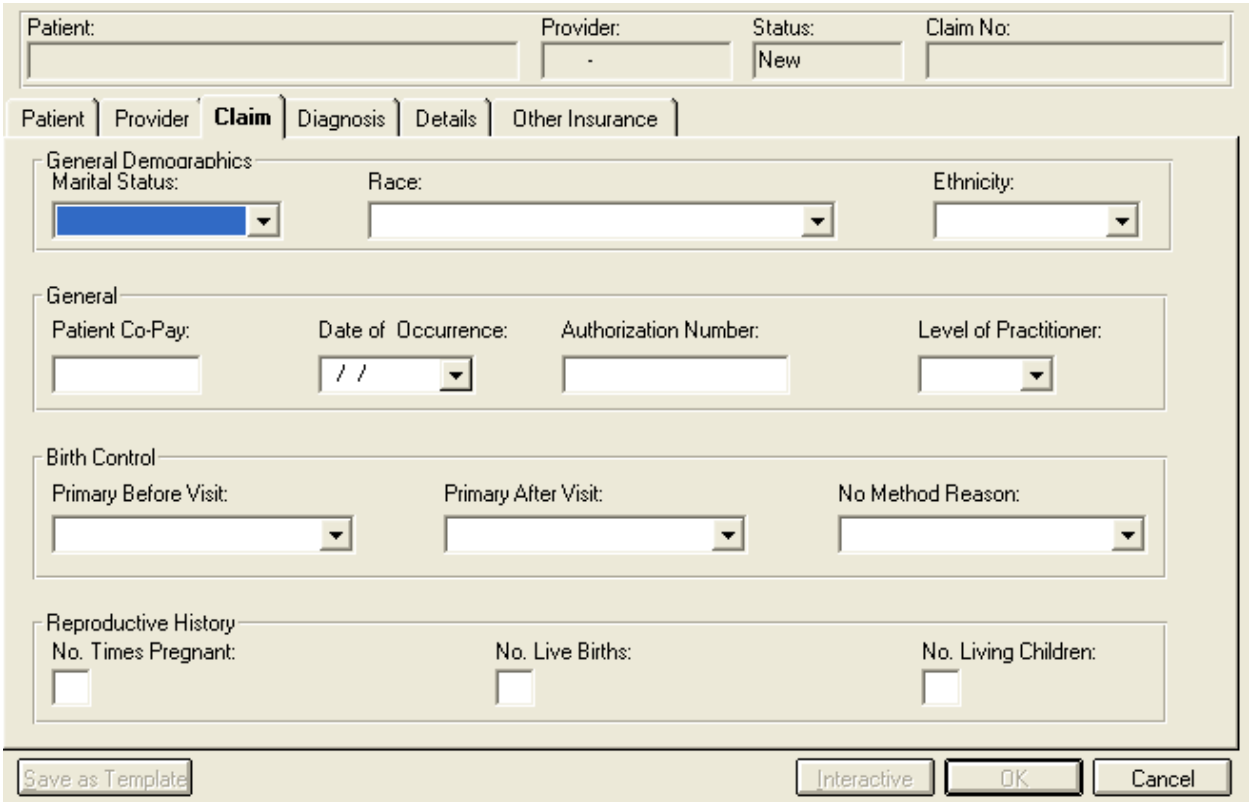
- Billing **Provider ID** and **Last/Organization Name**
- **Address**, **City**, **State**, and **Zip Code**
- **Tax ID**


Patient:
Provider:
Status:
New
Claim No:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Billing Provider
Provider ID:
Last/Organization Name:
First Name:
MI:
Suffix:
Address:
City:
State:
ZIP Code:
Tax ID:
Phone No.:
( ) -
Facility Provider
Referring and Other Provider
Facility
Provider ID:
Name:
Address:
City:
State:
ZIP Code:
Save as Template
Interactive
OK
Cancel


Patient:
Provider:
Status:
New
Claim No:
Patient
Provider
Claim
Diagnosis
Details
Other Insurance
Billing Provider
Provider ID:
Last/Organization Name:
First Name:
MI:
Suffix:
Address:
City:
State:
ZIP Code:
Tax ID:
Phone No.:
( ) -
Facility Provider
Referring and Other Provider
Referring/Other Provider
Provider ID:
Last Name:
First Name:
MI:
Suffix:
Save as Template
Interactive
OK
Cancel

18.8.3 Claim Tab

Click the **Claim** tab to enter claim information.



18.8.4 Creating a Claims Template

In ***TDHconnect Explorer***, double click **Family Planning** to expand the folder and double click **Claims**.

TIP: If you have updated your client database, you will need to update your claim template. To edit your provider or claim template, open the template and use the magnifying glass to select the provider(s) or client(s) to update.

1. In *TDHconnect 3.0* main menu, click **File** and select the type of claim for which you are creating a template.
2. Complete the required fields for the claim type.
3. Add line item information.

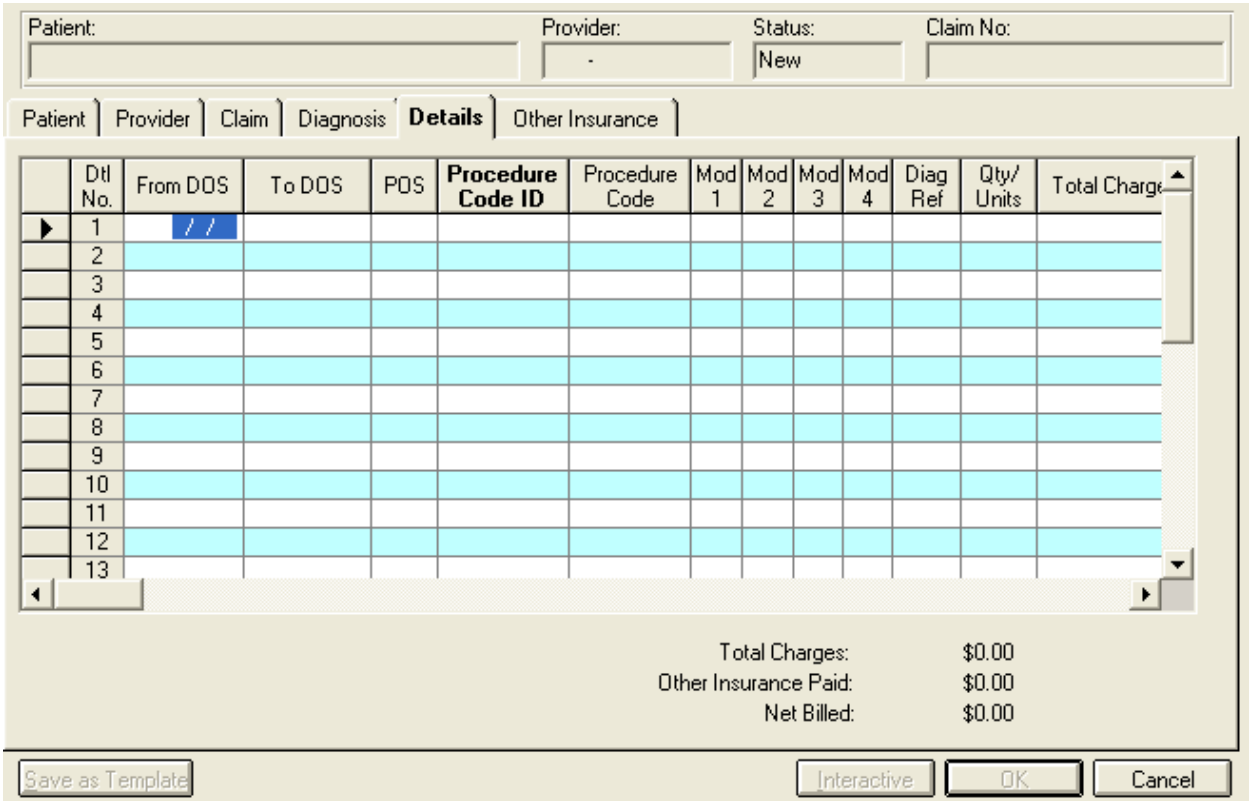
Note: This is required for the initial template set up.

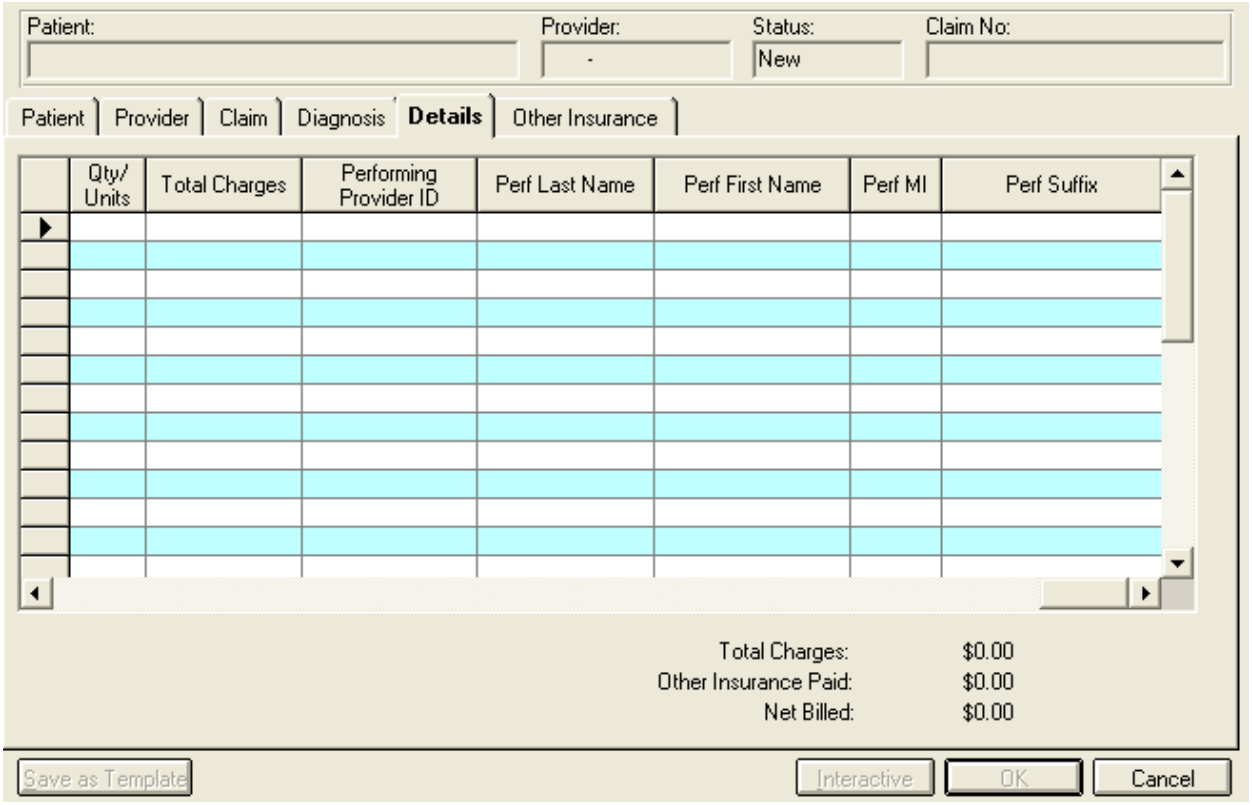
4. Click **OK** after each client and line item information is completed.
5. Once all clients have been added, click Save As Template. You are prompted to select a name for the template. Enter a name and click **OK**.

18.8.5 Details Tab

Click the **Details** tab to enter details information.

Note: Use the scroll bar at the bottom of the screen to access fields on the right hand side of the window. This window is shown in two graphics to display all of the scrolling area.





18.8.6 Submitting and Retrieving Requests

There are two ways to submit Family Planning claims on *TDHconnect 3.0*, interactive or batch. An interactive claim is accepted or rejected online while you wait, but must be done one claim at a time. A batch of claims takes 24 hours (usually overnight) to be accepted or rejected, and can include one or many claims.

Note: *Accepted* claims do not guarantee payment, only that they are accepted for further processing and will be paid or denied at a later date.

18.8.6.1 Submit/Retrieve Interactive Requests

To submit and retrieve an interactive claim, click **Interactive** and within a few minutes the claim response, *accepted* or *rejected*, is displayed.

18.8.6.2 Submit/Retrieve Batch Requests

Note: Clicking **OK** does not send the request to TMHP. Clicking **OK** stores the request in *Completed* status on YOUR database only. You must do all four steps listed below to send and retrieve batch requests.

Submit a Batch Request

1. Fill out the claim and click **OK**. Repeat for each claim. Claims are stored in *Completed* status on your database.
2. Click **Cancel** to exit Claims and go back to the ***TDHconnect System Totals*** window.
3. In the ***TDHconnect System Totals*** window, open the **Send Requests** tab.
4. Select the check box for **Family Planning Claims** in the **Send** column.
5. Click **Submit**. Requests are changed to *Submitted* status and are sent to TMHP.

Retrieve Responses to a Batch Request

1. 24 hours after request submission, go to the **TDHconnect 3.0 System Totals** window and open the **Retrieve Responses** tab.
2. Select the check box for **Claims** in the **Download** column.
3. Click **Download**. Requests are now changed to *Processed* status.
4. To view the downloaded response, double click **Claims** under the **Family Planning** folder in ***TDHconnect Explorer***, then double click the response.

18.9 Printing Reports

Seven types of claim reports may be printed from the **Medicaid Claim Request/Response Summary**.

- **Transmission Summary** — Click a batch claim response (has Transmit Type **B** and a **Transmission ID**). Click **Reports→Transmission Summary** to display the report. The number of accepted or rejected claim responses is listed. Click **Print** for a paper copy.
- **Transmission Detail** — Click an accepted batch claim response (has Transmit Type **B** and a T**ransmission ID**, and the **No. of Requests** is greater than the **No. Rejected**). Click **Reports→Transmission Detail**. A list of claim responses in that batch is displayed. Click Print for a paper copy.
- **Interactive Summary** — Click **Reports** and **Interactive Summary**. The **Interactive Transmission Report** dialog opens.

- Input a range of beginning and ending transmit dates and click **OK**.
- A report of claim responses is displayed. Click **Print** for a paper copy.
- **Error Summary** — Click a batch claim response (has Transmit Type **B** and a **Transmission ID**) and the **No. Rejected** must be greater than zero. Click **Reports→Error Summary**. A list of rejected claims and errors in the batch is displayed. Click **Print** for a paper copy.
- **Claim Detail** — Double-click an interactive or batch claim response. Click **Reports→Claim Detail**. A detailed list of the claim is displayed. Click **Print** for a paper copy.

- **Completed Claims** — Click **Reports** and **Completed Claims**. A detailed list of ALL completed claims IMMEDIATELY starts printing.
- **Rejected Claims** — Click **Reports** and **Rejected Claims**. A detailed list of ALL rejected claims IMMEDIATELY starts printing. This report can be very useful for working rejected claims. Remember that you will not see rejected claims on your R&S report or on a Claim Status Inquiry.

NOTES

19 Medicaid Claim Status Inquiry

Important: Before using Claim Status Inquiry (CSI), you must fax in a CSI request form, even though Claim Status Inquiry is a built-in function of TDHconnect. A blank Claim Status Inquiry Authorization form is included in the back of this workbook.

Note: Rejected claims are not displayed in CSI responses, only claims that are in process, paid, or denied.

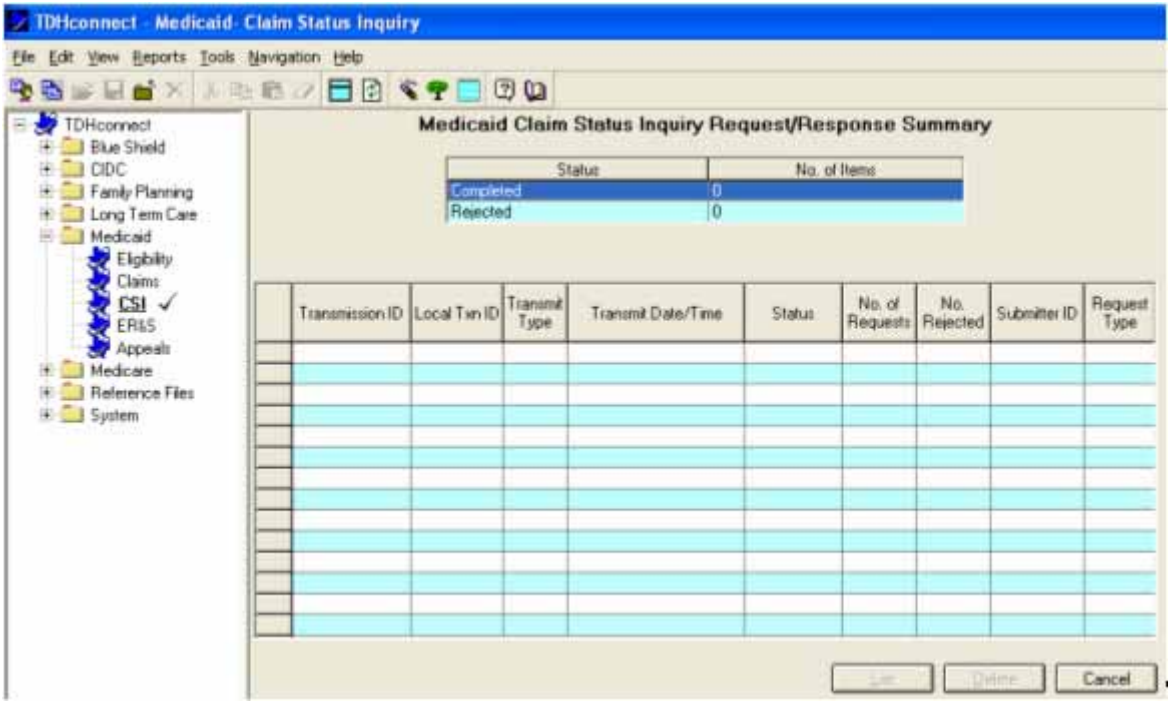
Contact: For claims assistance, call TMHP Customer Service at 800-925-9126.

For LTC claims assistance, call the LTC Help Desk at 800-626-4117 (512-335-4729 in Austin).

19.1 Create a New CSI Request

CSI requests retrieve information on the status of claims that were accepted into the TMHP system, regardless of whether the claims were submitted on paper or electronically. To create a new CSI request:

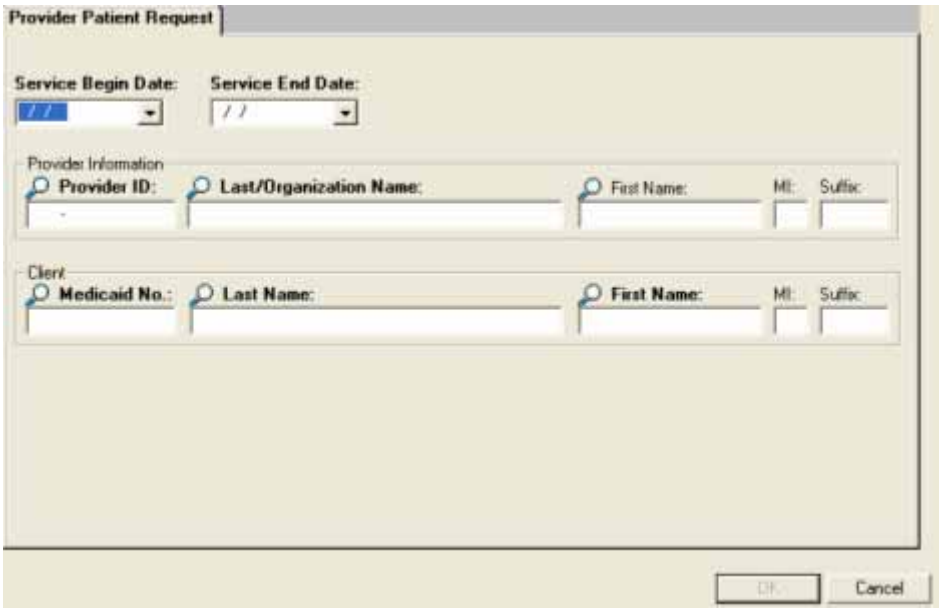
1. Double click **CSI** to display the **Medicaid Claim Status Inquiry Request/Response Summary** window.



2. There are two types of CSI requests, **Provider Patient Request** and **Claim Request**. To open a new request, do one of the following:
   - Click **File→New Request** on the *TDHconnect 3.0* menu bar.
   - Click the **Provider Patient Request** icon.
   - Click the **Claim Request** icon.

19.1.1 Provider Patient Request

This batch request retrieves claim information for a specific client and provider over a range of up to three months of service dates, and this three month window can go back three years. Although the range of service dates can span only up to three months, several requests could be submitted in a batch to cover a longer range of service dates.



Required fields:

- **Service Begin Date**
- **Service End Date**
- **Provider ID** and **Last/Organization Name**
- Client **Medicaid No.**, **Last Name**, and **First Name**

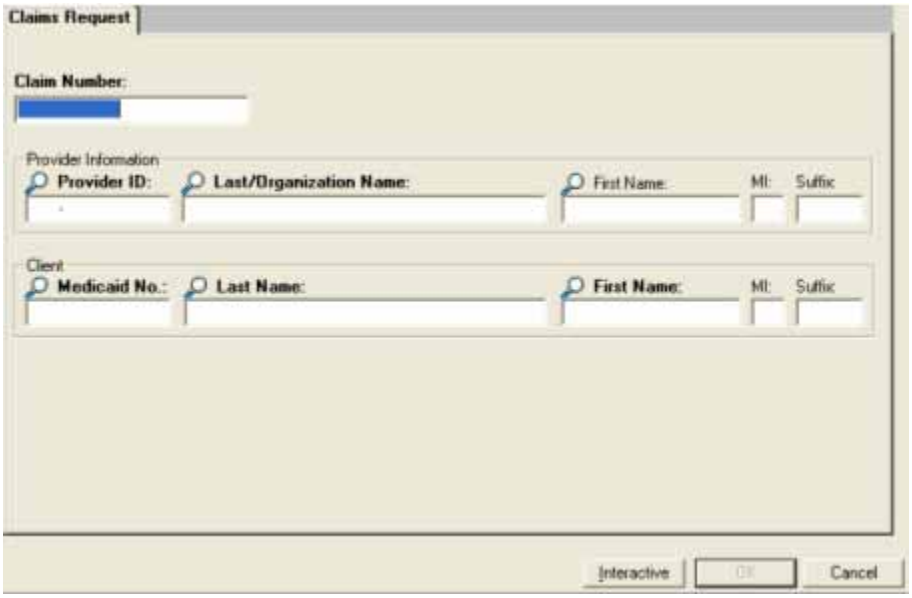
The **Service Begin Date** and **Service End Date** may be typed in, or use the down arrow to select a range of dates. A span of up to three months can be used, going back three years. The **Service End Date** can be the current date.

Click **OK** to save as a completed batch CSI request to be sent to TMHP later.

Important: Clicking **OK** does not send the request to TMHP. Clicking **OK** stores the request in *Completed* status on YOUR database only. You must follow the procedure described in section 18.3.2, *Submit/Retrieve Batch Requests*, on page 65 to send and retrieve batch requests.

19.1.2 Claims Request

This request is very useful for quickly finding the status of one claim. This request may be sent *interactively* or as a *batch*.



Required fields:

- **Claim Number** (24 digits)
- **Provider ID** (9-digit TPI), and **Last/Organization Name**
- Client's **Medicaid No.**, **Last Name**, and **First Name**

Interactive Claim Request

Click **Interactive** to get an immediate response. Since this request deals with just one claim, **Interactive** mode is recommended.

Batch Claim Request

Click **OK** to save as a batch request to be sent to TMHP later.

19.2 Submitting and Retrieving Requests

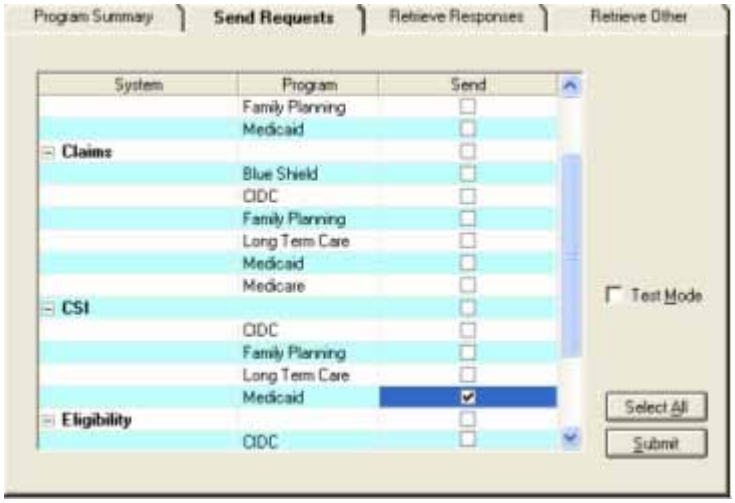
19.2.1 Submit/Retrieve Interactive Requests

To submit and retrieve an interactive request (such as a Claim Request), fill out the request and click **Interactive**. You will receive a response while online.

19.2.2 Submit/Retrieve Batch Requests

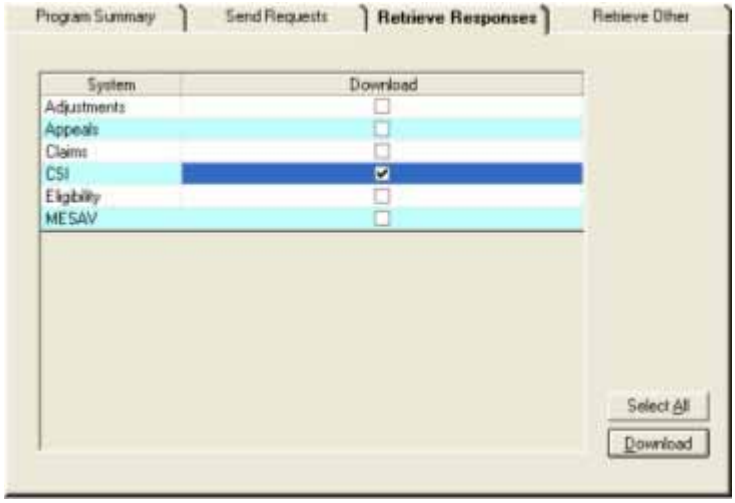
Clicking **OK** does not send the request to TMHP. Clicking **OK** stores the request in *Completed* status on YOUR database only. You must follow the procedure described in section 18.3.2, *Submit/Retrieve Batch Requests*, on page 65 to send and retrieve batch requests.

Submit a Batch Request



1. Fill out the CSI request and click **OK**. Repeat as needed for each CSI request.
2. Click **Cancel** to exit. The **TDHconnect 3.0 System Totals** window is displayed.
3. Select the **Send Requests** tab.
4. Select the check box for **Medicaid CSI** in the **Send** column.
5. Click **Submit**.

Retrieve a Batch Request



1. 24 hours after request submission, go to the **System Totals** window and select the **Retrieve Responses** tab.
2. Select the check box for **CSI** in the **Download** column.
3. Click **Download**. Requests are now changed to *Processed* status.
4. To view the downloaded response, double click *CSI* under the **Medicaid** folder (left side of window), then double click the response.

19.3 Medicaid CSI – Printing Reports

Two types of CSI reports may be printed from the Medicaid Claim Status Inquiry Request/Response Summary.

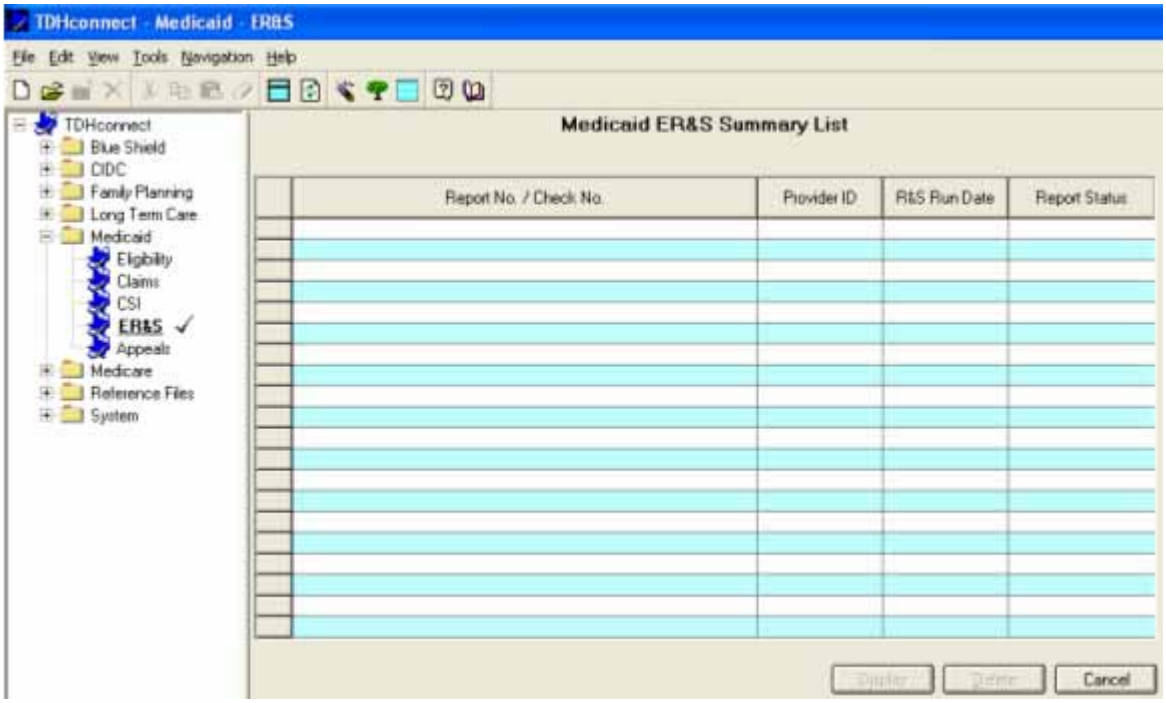
- **Response Report** — Click an accepted CSI response (**No. of Requests** is greater than the **No. Rejected**). Click **Reports**, **Response Report**, and **Claim Report**. Click **Print** for a paper copy.
- **Batch Report** — Select *interactive* or *batch* response, click **Reports→Batch Report**. The report IMMEDIATELY starts printing a detailed list of ALL CSI responses from the row you selected.

NOTES

20 Medicaid Electronic Remittance & Status (ER&S)

Note: Refer to the current *Texas Medicaid Provider Procedures Manual*, Section 4, Appendix C and Appendix D for related information and a copy of the ER&S Agreement. You can also call the TMHP EDI Help Desk at 888-863-3638 for this form.

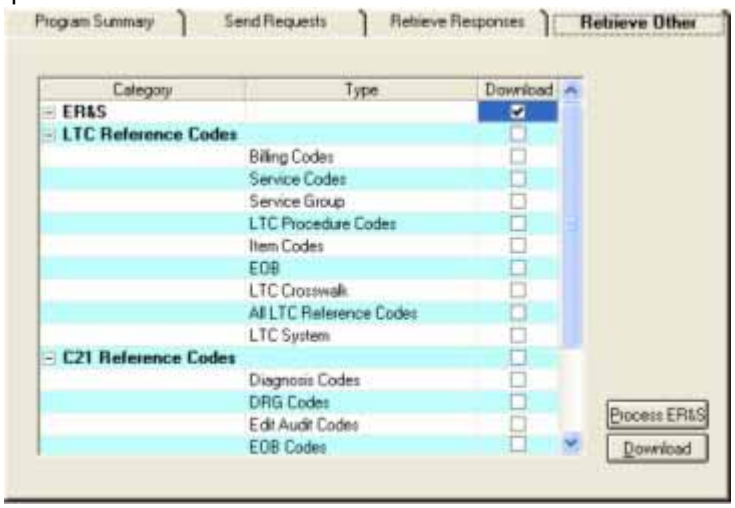
To view ER&S information, double-click **ER&S** to display the **Medicaid ER&S Summary List** window.



To display a specific ER&S report, double-click the row of the report.

20.1 Download an ER&S Report

Before generating a report:

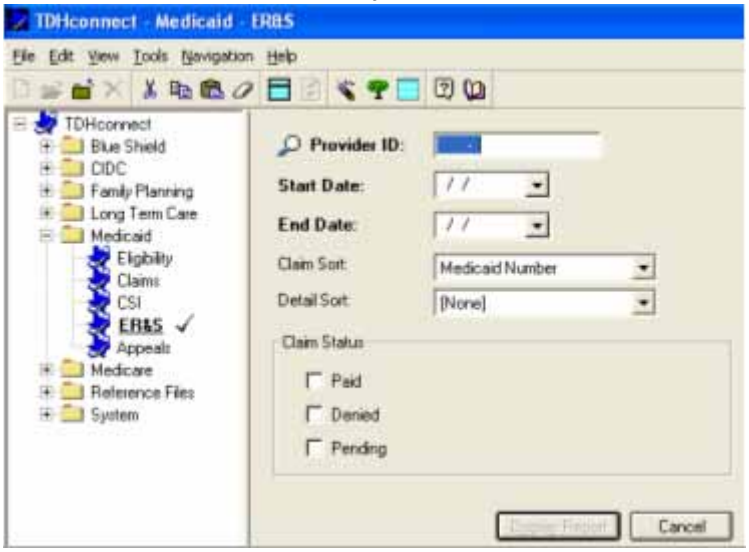


1. Open the <Bold Italic>TDHconnect **System Totals** window.
2. Open the **Retrieve Other** tab.
3. Select the check box in the **Download** column for **ER&S**.
4. Click **Download**.

Note: ER&S reports are available to download at 6:00 a.m. each Monday. *A good practice is to download them weekly.*

20.2 Generate an ER&S Report

In the Medicaid ER&S Summary List window, click **File→Generate R&S**.



Required fields are:

- **Provider ID**
- **Start Date**
- **End Date**
- **Claim Status** (check one)

The **Start Date** is usually a Friday and the **End Date** is usually the following Monday.

Click **Display Report** to see the report.

20.3 Medicaid ER&S – Print Report

- Click **Print** to print the ER&S report.
- Use the forward or backward arrows to see other pages.
- The down arrow on the size (100%) box reduces or enlarges the image.

21 Medicaid Appeals

Note: Refer to section 5 in the current *Texas Medicaid Provider Procedures Manual* for related policy information.

Important: If a claim denies with zero allowed, zero paid amounts (see R&S below), follow up with a new claim (not an appeal) within 180 days of the R&S date. See section 13, Medicaid Claims on page 41 for details. An appeal cannot be filed on a pending claim. The ER&S Report has a section for pending claims, identified by *THE FOLLOWING CLAIMS ARE BEING PROCESSED*. The pending claim must finalize and be paid before an appeal may be filed.

21.1 Changes to Appeals Resulting From HIPAA

The following items reflect changes to appeals resulting from HIPAA:

- ALL required data on the appeal must be completed, not just the data being changed from the original claim.
- Appeals look similar to claims, with the exception of three fields on the **Patient** tab of the appeal. See section 21.4, *Appeal Fields*, on page 104.
- Changes to surgical procedure codes on inpatient claims must be appealed on paper with supporting documentation for review.
- Appeals must include all detail lines on the original claim, in the same order as on the original claim. An appeal will reject if it contains fewer detail lines than the original claim being appealed.
- An added detail line must be submitted as a separate new day claim.

Reminders:

- If the appeal requires additional paperwork, such as on ambulance claims, the appeal must be sent on paper.
- Crossover claims must be submitted on paper, along with a Remittance Advice from Medicare.
- Appeals with dates of service prior to 10/16/2003 should contain Medicaid local procedure codes, if applicable.
- TDHconnect appeals are only by batch; there are no interactive TDHconnect appeals.

Note: **Providers who file eyeglass appeals:** If you convert data from TDHconnect 2.0 to TDHconnect 3.0, any rejected eyeglass appeals that were stored in TDHconnect 2.0 will have to be manually re-entered in TDHconnect 3.0 before resubmitting the eyeglass appeal.

21.2 Three Ways to Complete TDHconnect Appeals

There are three ways to complete TDHconnect appeals:

- Create an appeal from an accepted TDHconnect claim
- Create an appeal from an ER&S report
- Start from a blank TDHconnect appeal.

21.3 Create an Appeal from an Accepted TDHconnect Claim

To create an appeal from an accepted TDHconnect claim, perform the following steps:

1. Click the Save as Appeal tab at the bottom of an opened claim in the **Claims** section of TDHconnect.

Important: Remember that the claim being appealed must be finalized (paid or denied) before it can be appealed.

2. A message appears, stating that an incomplete appeal has been generated and saved, to go to Appeals in TDHconnect to complete the appeal, and to verify that the claim is in appealable status before submitting it.
3. Go to **Appeals** and double-click the **Incomplete Appeals** row, then double-click the appropriate appeal from the **List of Incomplete Appeals**.
4. Fill out any missing information required on the appeal. The fields for appeals are the same as for claims of the same type with one exception: the **Patient** tab has three additional fields not found on claims. See section 21.4, *Appeal Fields*, on page 104. For **Frequency Code**, select 7 for an appeal or 8 for a void (recoupment), enter the **Original ICN** as a 15- or 24-digit claim number, and the **Original Medicaid Number** is filled in for you.

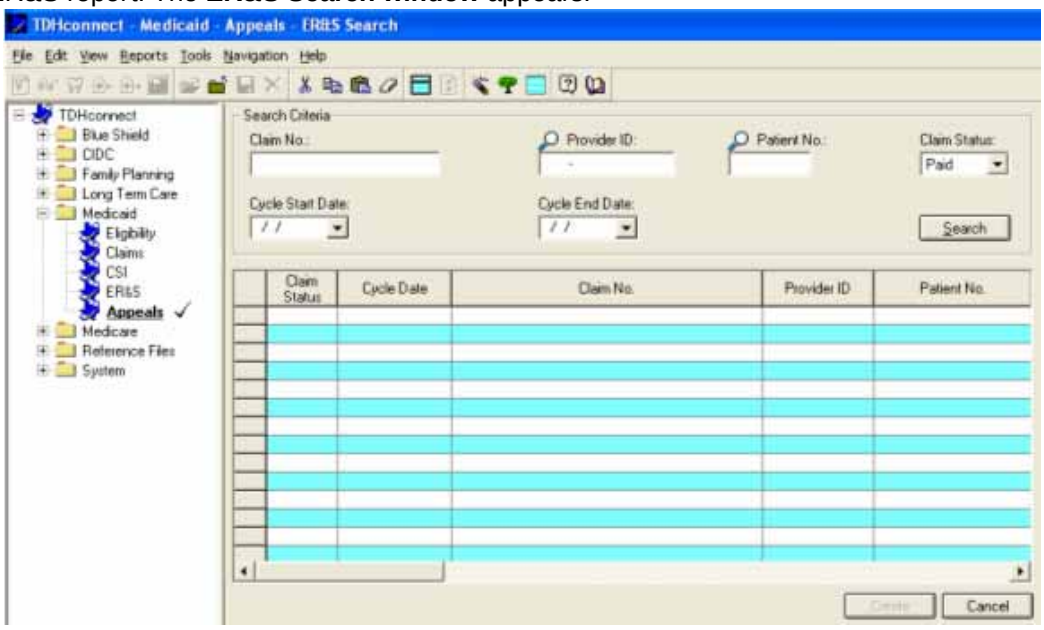
IMPORTANT
• Remember that bolded fields are required, and other fields may be necessary depending on the type of appeal. • Click **OK** on the appeal to save it in completed status to be submitted later to TMHP. • Appeals are only submitted by batch, not interactively. A batch can contain one or more appeals. • Clicking **OK** does not send the request to TMHP. Clicking stores the request in Completed status on YOUR database only. You must follow the procedure described in section 17.4.2, *Submit/Retrieve Batch Requests*, on page 53 to send and retrieve batch requests.

21.3.1 Create an Appeal from an ER&S Report

To create an appeal from an ER&S report, perform the following steps:

1. Open the **Appeals** window by double-clicking **Appeals** on the left side of the <Bold Italic>TDHconnect **System Totals** window.

2. Click **File→From ER&S**, or click the icon on the *TDHconnect 3.0* menu bar to create an appeal from an ER&S report. The **ER&S Search window** appears.



Important: If you have not signed up to receive ER&S reports, you may do so by filling out an ER&S Agreement and faxing it in to the Electronic Data Interchange department of TMHP.

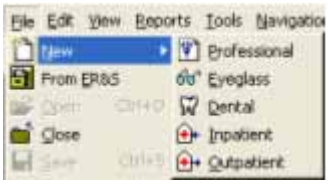
3. In the **ER&S Search** window, enter search criteria to find the claim to be appealed and click **Search**.
4. Click the claim being appealed and click **Create**.
5. Fill out any missing information required on the appeal. The fields for appeals are the same as for claims of the same type with one exception: the **Patient** tab has three additional fields not found on claims. See section section 21.4, *Appeal Fields*, on page 104. For **Frequency Code**, select **7** for an appeal or **8** for a void (recoupment), enter the **Original ICN** as a 15 or 24-digit claim number, and the **Original Medicaid Number** is filled in for you.

IMPORTANT
• Remember that bolded fields are required, and other fields may be necessary depending on the type of appeal. • Click **OK** on the appeal to save it in completed status to be submitted later to TMHP. • Appeals are only submitted by batch, not interactively. A batch can contain one or more appeals. • Clicking does not send the request to TMHP. Clicking **OK** stores the request in Completed status on YOUR database only. You must follow the procedure described in section 17.4.2, *Submit/Retrieve Batch Requests*, on page 53 to send and retrieve batch requests.

21.3.2 Create and Appeal from a Blank Form

To create an appeal from a blank form, perform the following steps:

1. Open the Appeals window by double-clicking **Appeals** on the left side of the **TDHconnect 3.0 System Totals** window.

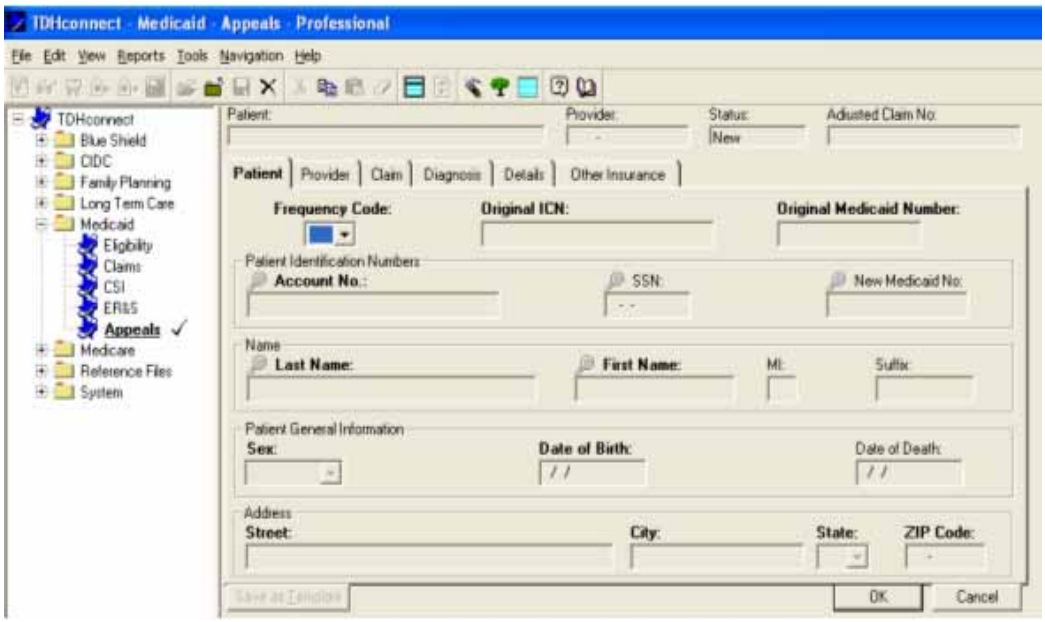


2. Click **File→New**, then one of the following:
   - **Professional**
   - **Eyeglass**
   - **Dental**
   - **Inpatient**
   - **Outpatient**

Or click the icon for the appropriate appeal type on the *TDHconnect 3.0* menu bar.

3. Fill out all required fields in the corresponding dialog displayed.

21.4 Appeal Fields

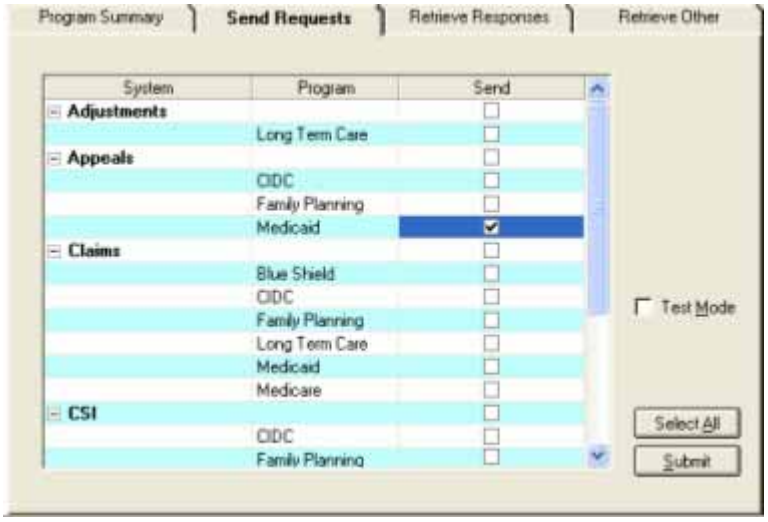


The fields for appeals are the same as for claims of the same type with one exception: the **Patient** tab has three additional fields not found on claims.

Frequency Code	Select the value of **7** to indicate an appeal, or **8** to void (recoup) the ENTIRE CLAIM. To recoup only a DETAIL LINE on a claim, fill out the entire appeal and enter the value 0 (zero) for the Unit Price field on the **Details** tab.
Original ICN	Input the 15- or 24 digit claim number of the claim being appealed.
Original Medicaid Number	Input the 9-digit client Medicaid number used on the claim being appealed.

21.5 Medicaid Appeals – Submitting and Retrieving Requests

21.5.1 Submit/Retrieve Batch Requests

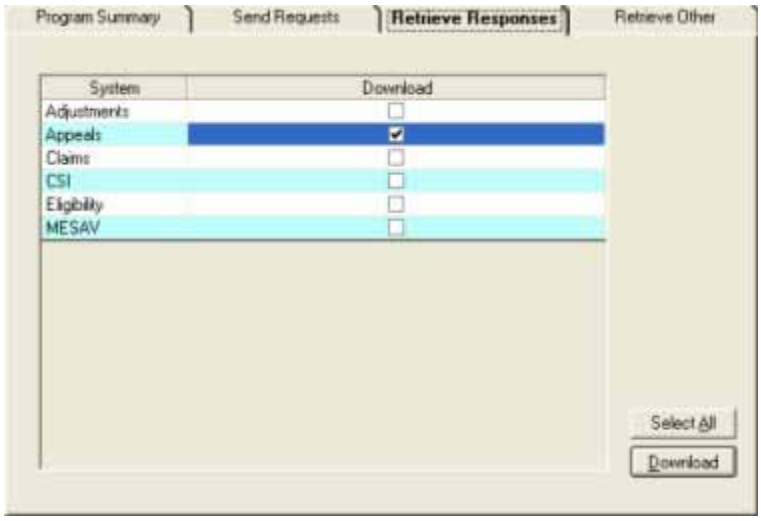


When finished entering data, click **OK** to save the completed appeal to be submitted to TMHP later.

Important: Clicking **OK** does not send the request to TMHP. Clicking stores the request in Completed status on YOUR database only. You must follow the procedure described in section 17.4.2, *Submit/Retrieve Batch Requests*, on page 53 to send and retrieve batch requests.

Appeals are only submitted by batch, not interactively. A batch can contain one or more appeals. To submit and retrieve a batch of appeals, perform the steps described in the following sections.

Submit a Batch Request



1. Fill out the appeal and click **OK**. Repeat as needed for each appeal.
2. Click **Cancel** to exit. The <Bold Italic>TDHconnect **System Totals** window is displayed.
3. Select the **Send Request**s tab.

4. Select the check box for **Medicaid Appeals** in the **Send** column.
5. Click **Submit**.

Retrieve a Batch Request

1. 24 hours after request submission, go to the <Bold Italic>TDHconnect **System Totals** window and select the **Retrieve Responses** tab.
2. Select the check box for **Appeals** in the **Download** column.
3. Click **Download**. Requests are now changed to *Processed* status.
4. To view the downloaded response, double click **Appeals** under the Medicaid folder (left side of window), then double click the response.

21.6 Medicaid Appeals – Printing Reports

Six types of appeals reports may be printed from the Medicaid Appeal Request/Response Summary:

Transmission Summary

1. Click an appeal response.
2. Click **Reports→Transmission Summary** to display the report. The number of accepted or rejected appeals is listed, along with the amount billed.
3. Click **Print** for a paper copy.

Transmission Detail

1. Click an accepted appeal response
2. Click **Reports** and **Transmission Detail**. A list of appeal responses in that batch is displayed.
3. Click **Print** for a paper copy.

Error Summary

1. Click an appeal response with a Processed status and **No. Rejected** greater than zero.
2. Click **Reports→Error Summary**. A list of rejected appeals and errors in the batch is displayed.
3. Click **Print** for a paper copy.

Appeal Detail

1. Double-click an appeal response.
2. Click **Reports→Appeal Detail**. A detailed list of the appeal is displayed.
3. Click **Print** for a paper copy.

Completed Appeals

1. Click **Reports→Completed Appeals**. The following statement appears: There are __ appeals to print. Do you want to continue?
2. Click **Yes** to print a detailed list of ALL completed but not yet submitted appeals.

Rejected Appeals

1. Click **Reports→Print Rejected Appeals**. The following message appears: There are __ appeals to print. Do you want to continue?
2. Click **Yes** to print a detailed list of ALL rejected appeals.

22 Attachments

22.1 Claim Status Inquiry Authorization Form

This section contains the TMHP Claims Status Inquiry Authorization form.

Note: This form is for **ACUTE CARE** providers only. **Long Term Care** providers should contact the TMHP EDI Help Desk at 888-863-3638 for assistance.

TIP: Photocopy this form and retain the original for future use.

Claim Status Inquiry Authorization

This form is for ACUTE CARE providers only.

If you are a Long Term Care provider, contact TMHP's EDI Help Desk at 888-863-3638 to request the correct form.

The following information MUST be completed before you can be granted Claim Status Inquiry (CSI) access.

1. Enter your Production User ID: _____

2. Enter your Production User ID Password: _____

*The TMHP **Production User ID** (Submitter ID) is the electronic mailbox ID used for downloading your Claim Status Inquiry reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.*

3. Select Action:

A ☐ Add Claim Status Inquiry Privileges

B ☐ Revoke Claim Status Inquiry Privileges

4. Enter organization information:

List the billing Texas Provider Identifier (TPI) number(s) you choose to access using the Production User ID given above. ***Submit additional copies of this form if you need to add more TPI numbers.***

Provider Name *Must be the name associated with the TPI Base number listed at right.*	**7–Digit BILLING TPI Base Number** *The first 7 digits of the 9 digit TPI number.**

Note:** *Performing TPI numbers do not have Claim Status Inquiry access. Enter only* ***BILLING *TPI numbers.*

5. Enter Requestor Information:

Name: _____

Title: _____

Signature: _____

Telephone Number: _____ ext. _____

Fax Number: _____ ext. _____

6. Return this form to:

Texas Medicaid & Healthcare Partnership
Attention: EDI Help Desk, MC–B14
PO Box 204270
Austin, TX 78720-4270

Or Fax to
512-514-4228 or 512-514-4230

DO NOT WRITE IN THIS AREA — For Office Use

Input By: _____ Input Date: _____ Mailbox ID: _____

22.2 TDHconnect Order Form

This section provides the TMHP TDHconnect Order Form.

TIP: Photocopy this form and retain the original for future use.

TDHconnect Order Form

TDHconnect is the software owned by the Texas Health and Human Services Commission for interfacing with the TMHP EDI System. You will be able to use features such as Eligibility, Claim Submission, Claim Status Inquiry, Remittance and Status Report, and Appeals.

- The system requirements for TDHconnect are listed on the bottom of this page. You should acquire the minimum PC requirements before ordering *TDHconnect*.
- You should receive your software, installation instructions, and User IDs within 15 business days of our receipt of the form. *TDHconnect* includes an online Help File containing all necessary information for the operation of *TDHconnect*. If you find you need further assistance using *TDHconnect*, workshop-style classes are available. Information on *TDHconnect* workshops can be found on the TMHP website at http://www.tmhp.com.

You need to order only ONE TDHconnect CD-ROM for your location.*

Organization Name: _____

Billing TPI Number: _____

Contact Name: _____ Contact Phone: _____

Mailing Address _____

(Street Address or PO Box) Suite

_____

City State ZIP

***NOTE:** The *TDHconnect* software CD-ROM can be used to install the program on multiple computers. Each of those computers must have their own User ID and password, unless they are sharing a database on a network. You will automatically receive ONE User ID and password to use with your software:

If you plan to install *TDHconnect* on more than one computer, indicate the number of additional User IDs you will need: ☐

TDHconnect Software and Hardware Requirements

System Type, CPU / Microprocessor	Minimum:	PC-compatible with Pentium-class processor	
	RECOMMENDED:	***PC-compatible with Pentium II-class 400 MHz or faster processor***	
Operating System	Microsoft Windows 95 or later **OR** Microsoft Windows NT version 4.0 with Service Pack 5 or later		
System Memory (RAM)	Minimum		***RECOMMENDED***
	128MB (16MB for Windows 95)		***128MB***
Hard-disk Drive Space	Minimum		***RECOMMENDED***
	100 MB for installation + 3 times the size of the existing database		100 MB for installation + 3 times the size of the existing database
Peripherals	**Item**	Minimum	***RECOMMENDED***
	CD-ROM Drive	any	***any; faster is better***
	Display	800x600 VGA, 256 colors	***800x600 VGA, 256 colors or better***
	Modem	9600 bps	***28800 bps or faster***
Additional Software	**Item**	Minimum	***RECOMMENDED***
	Adobe Acrobat Reader	version 4.0	***version 4.05 or newer*** *version 4.05 is included on the TDHconnect installation CD-ROM*
	Microsoft Internet Explorer (IE)	version 4.01 with Service Pack 2	***version 5.0 or newer*** *version 5.0 is included on the TDHconnect installation CD-ROM*

TDHconnect Order Form — Submission & Shipping Instructions

Standard delivery of the *TDHconnect* software is via USPS regular mail. Overnight or Next Day Air shipping is available **at Provider's expense** via UPS. Indicate below the shipping method you prefer:

☐ Standard mail delivery (allow 15 working days)

☐ UPS Overnight

☐ UPS 2nd Day Air

UPS cannot deliver to a PO BOX.

UPS delivery is **at Provider's expense**. Enter your UPS Account Number below. Requests submitted without a valid account number will be shipped via standard mail delivery.

Before faxing or mailing this agreement, ensure that all required information is completely filled out, and that the agreement is signed.

Incomplete agreements cannot be processed.

Mail to:

Texas Medicaid & Healthcare Partnership
Attention: EDI Help Desk MC–B14
PO Box 204270
Austin, TX 78720-4270

Fax to:

(512) 514-4228
= OR =
(512) 514-4230

22.3 Glossary

Accepted Electronically submitted requests that have passed the acceptance edits, been assigned an ICN, and are processing in the system. Accepted claims appear on your R&S report.

Batch Submission One or more transactions grouped together and submitted for processing. You may download a response 24 hours after submission.

Completed Request has been entered into *TDHconnect 3.0*, passed all the local edits, but has not been submitted. *Completed* requests convert to *Submitted* status after being sent in a batch.

Denied A claim that has been denied for payment because it did not pass all program edits. A denied claim appears on your R&S report in the Non-Pending section.

Download The process of retrieving electronic files from another system.

Interactive Submission Submission of a single electronic transaction that receives a response during one session.

Minimize Reduce a window or dialog to an item on the Windows® taskbar. The minimize button is on the upper right corner of a window, dialog, or message.

Operating System The version of Windows® you are currently using, such as Windows 95, 98, ME, NT and 2000.

Paid A claim that has been approved to pay because it passed the program edits. This claim appears on the R&S report.

Pended/ Suspended Claim A claim that has failed a program edit and is pending edit resolution before continued processing. You cannot submit a claim or an adjustment for a claim in the Pending Section of your R&S report.

Processed Request has been submitted through *TDHconnect 3.0* and a response has been downloaded. Processed requests cannot be resubmitted.

Rejected Request that has received a response indicating the request has been sent back for errors. The request may be corrected and resubmitted. Rejected claims do not receive an ICN nor do they appear on the R&S report. Providers are still bound to submitting a claim within the original 95-day timeline, but if the rejection is within the 95-day timeline, they may print the rejection report and submit a new claim with a paper copy of the rejection report within 180 days of the rejection.

Submit Error A submit error is a software level error that resulted in the batch not being transmitted electronically to TMHP. A submit error is usually the result of keying errors on one or more claims but could be the result of several different reasons. If the error in the claim(s) cannot be located, please contact the TMHP EDI Help Desk at 888-863-3638.

Submitted Request has been transmitted for processing. Submitted requests convert to *Processed* after the response has been Downloaded.

Submitter ID The 9 character, numeric ID first issued when starting to electronically bill. This should be placed in the Compass21 user ID field and/or CMS user ID field, located in the **System Settings** window. You can reach this window by going to **Communications→System Settings**.

Template A *TDHconnect 3.0* window that shows all the data fields needed to submit a claim or MESAV request. Templates allow you to save complete or partial data for future use.

TPI Number The 9 character, numeric Texas Provider Identifier number issued to you through Medicaid.

22.4 Workshop Evaluation

Location (City): _____ **Date:** _____

Presenter(s): _____

I. Objective (evaluate from 1 to 5): How well do you feel this workshop has fulfilled its objectives?

This workshop has helped me understand:	Effective				Ineffective
Installation	5	4	3	2	1
Eligibility Inquiries	5	4	3	2	1
Client Database	5	4	3	2	1
Claims Submission	5	4	3	2	1
Claim Status Inquiry	5	4	3	2	1
Electronic Adjustments	5	4	3	2	1
Reference Files	5	4	3	2	1
Electronic Remittance & Status Reports	5	4	3	2	1
Paper Claim Forms	5	4	3	2	1

II. Overall program (evaluate from 1 to 5):

	Yes				No
Content was informative and helpful to your office	5	4	3	2	1
Information was clearly presented and easily understood	5	4	3	2	1
Seminar met or exceeded your expectations	5	4	3	2	1
Would recommend this seminar to others	5	4	3	2	1

III. Comments / Suggestions:

_____

_____

IV. How did you hear about this workshop?

_____

V. Complete the following section only if you would like information or you have a question or problem you need help resolving:

Name: _____ **Provider #:** _____

Provider Name: _____

Mailing Address: _____ **Phone #:** _____

I would like a visit to discuss the following questions or problems:

_____

_____